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MASSACHUSETTS SOCIAL SERVICES POLICY MANUAL

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PART 249 - FAMILY FOSTER HOMES

SUBPART C FOSTER PARENT REVIEW SYSTEM

249.001 Authority

These regulations are adopted pursuant to Chapter 18 Sections 2 and 10 of the General Laws of the Commonwealth.

249.002 Introduction

The Foster Parent Review System provides an opportunity for foster parents to express their opinions at an impartial review when informal efforts at resolution have been unsuccessful.

249.003 Definitions

The following words and phrases when used in this subpart shall be construed as follows:

a. Foster parents - any person approved by the Department as a foster parent in accordance with the Department's Child Welfare Standards.

b. Emergency - any situation in which the life, health or emotional well being of a child in care and custody of the Department is endangered.

c. Days - as used herein shall mean working days.

d. Committee - as used herein shall mean Regional Review Committee described in Section 249.007.

249.004 Initiation of Review

Requests for a review may be initiated only by the foster parents of the child affected by the decision.

249.005 Decisions Subject to Review

The following Department decisions are subject to review:

a. Transfer of a foster child to another foster home or group care facility but not when a child has been returned to a relative, parent or guardian.

b. Closure of a foster home.

c. Removal of a foster child for adoption when the foster parents have expressed an interest in adoption but have not been considered by the Department (in accordance with GL 119, Section 23 (f)).

249.006 Removal of Child from Foster Home

a. A child may be removed from a foster home without prior written notification only when the Associate Regional Administrator for Social Services determines that an emergency exists. The Department shall notify foster parents as to the reasons for removal within five days after the removal.

b. Except as provided in sub-section a. above the Department shall give to the involved foster parents ten days prior notice in writing of the decision and the reason for the decision to transfer a child to another foster home, or group care facility or to close a foster home.

c. Except as provided in sub-section a. of this section no child shall be transferred to another foster home or group care facility and no foster home shall be closed pending an appeal to the Committee.

249.007 Regional Review Committee

There shall be a Regional Review Committee in each Regional Office.

The Committee shall review decisions and make recommendations affecting foster homes located within its Region when such decisions are within the scope of the review system.

Each Committee shall be composed of five persons appointed for a term of two years starting January 1, 1977 and every second January 1 thereafter, subject to recall, reappointment, or removal by the appointing authority as follows:

a. The Associate Regional Administrator for Social Services of each Region shall appoint two members of the Committee and two alternates. The appointees shall be employees at the Supervisory level or Regional Office Administrative level.

b. The Regional Chapters of the Massachusetts Foster Parents Association shall elect four persons, two of whom shall serve as members of the Committee and two of whom shall be designated as alternates.

c. The four members of the Committee appointed under subsections a. and b. above shall by majority vote appoint a fifth member, other than an employee or foster parent, to the Committee. This person shall serve as Chairperson.

249.008 Confidentiality of Hearings and Records

Members of the Committee are subject to the laws of confidentiality and this shall be pointed out by the Chairperson to the Committee members at the beginning of each hearing. Hearings and records of the hearings are to be regarded as confidential.

249.009 Voting

Each member shall have one vote, except the Chairperson, who may vote only to break a tie.

249.010 Quorum

All members of the Committee or their designated alternates must be present at a hearing.

249.011 Conflict of Interest

No member of the committee shall review any decision if (s)he has been involved in that decision prior to review or (s)he has personal knowledge of the case.

249.012 Record Maintenance

The Chairperson shall be responsible for the maintenance of records generated by the review board. Such records shall be maintained at the Regional Office in which the Committee sits.

249.013 Annual Report

The Chairperson shall compile an Annual Report on his respective Regional Review Committee. The Annual Report shall include the following information:

a. Number of reviews requested.

b. Number of recommendations upholding original Department actions.

c. Number of recommendations rescinding original Department actions.

d. Number of recommendations modifying original Department actions.

e. Number of recommendations reviewed by the Office of the Assistant Commissioner for Social Services.

f. Names and addresses of Chairperson, Committee members and alternates.

g. Number of reviews outstanding.

249.014 Submission of Annual Report

The Chairperson of the Regional Review Committee shall submit the Annual Report by January 15th to the Regional Administrator.

249.015 Initiation of Review Process

Whenever a disagreement arising from a decision of the social worker within

the scope of the Review System cannot be informally settled between the foster parents and the social worker assigned to the child, the foster parent shall as a precondition to all subsequent reviews request a conference with the Supervisor of Social Services of said social worker within five (5) days of the receipt of written notice of the decision.

249.016 Supervisor's Conference

Upon receipt of a request for a conference from the foster parents concerning a decision within the scope of the review system, the Supervisor shall schedule a conference to occur within five (5) days. In the case of a decision to remove a child from a foster home or close a foster home, implementation of the decision must be suspended pending the review unless an emergency exists (as defined under Section 249.003-b).

The Supervisor shall notify the foster parents and the social worker of the date, time and location of the conference. Also the C.S.A./W.S.O. Director or an appropriate designee shall be present at the conference. At the conference, the social worker shall present his or her reasons for making the decision and the foster parents shall present their reasons for requesting a rescission or modification of the decision.

Upon completion of the conference, the C.S.A./W.S.O. Director or his designee shall within three (3) days issue a written memorandum to the social worker and the foster parents affirming, rescinding, or modifying the original decision of the social worker. Such memorandum shall contain notice of the right to further review and explain the procedures therefor.

249.017 Request for Regional Review Committee Hearing

If the foster parent remains dissatisfied with the decision of the Department the foster parent must within five (5) days after receipt of the memorandum from the C.S.A./W.S.O. Director or his designee, submit a signed written request for a hearing by the Committee to the Associate Regional Administrator for Social Services of the Region in which the foster home is located. The Associate Regional Administrator for Social Services shall immediately notify the Chairperson of the Committee of the request for a hearing.

The Chairperson shall schedule a review to occur within fourteen (14) days of the receipt of said request and provide written notice of said review to the foster parents, social worker, and members of the Committee at least seven (7) days prior to the hearing.

249.018 Contents of Notice

Notice shall indicate the time, place and date of said review.

249.019 Review Hearing

The Review Hearing shall be conducted as follows:

a. The Chairperson shall preside at the review hearing.

b. All members of the Committee shall be given the opportunity to question witnesses and to examine the evidence.

c. The C.S.A./W.S.O. Director or his designee shall appear at the hearing and present reasons for the decision at issue. (S)he shall support such reasons with oral evidence including the testimony of witnesses or written evidence which may include documentary evidence. The involved social worker and supervisor shall also be present.

d. The foster parents:

   1. shall submit to the Committee reasons for rescinding or modifying the Department's decision,

   2. may support such reasons with oral evidence including the testimony of witnesses or written evidence including documentary evidence,

   3. may examine and introduce evidence from their foster home records, or pertinent Department documents,

   4. may question witnesses of the Department and

   5. may be assisted by a representative of their choice.

e. All testimony shall be given under oath.

f. The Committee may adopt such other rules and procedures as may assist them in ascertaining the facts, if not otherwise inconsistent with this section.

249.020 Recommendations of the Regional Review Committee

Within five (5) days of the hearing the Committee shall submit to the Associate Regional Administrator for Social Services a written report which shall include the findings of the majority as to the relevant facts and policies and their recommendation to uphold, rescind or modify the Department decision. The recommendation shall be based on the child's best interest.

249.021 Decision of the Associate Regional Administrator for Social Services

The Associate Regional Administrator for Social Services, within five (5) days of receipt of the recommendation of the Committee, shall notify the foster parents or representative and the social worker in writing of his decision to adopt or reject the recommendation of the Committee. The Associate Regional Administrator for Social Services shall adopt the recommendation of the Review Committee unless (s)he finds that:

a. the recommendation violates the laws of the Commonwealth,

b. the recommendation exceeds the authority or jurisdiction of the Review Committee,

c. the recommendation is arbitrary or capricious,

d. the Associate Regional Administrator for Social Services has new information not available to or considered by the Committee, in which case the matter shall be submitted to the Committee for a new hearing, or

e. the recommendation is not in the best interest of the child.

249.022 Decision to Remove the Child or Close Foster Home

a. If the Associate Regional Administrator for Social Services decides to adopt the Committee's recommendation that the child be removed from the foster home or to close the foster home, (s)he shall so notify the foster parents in writing, specifying what steps are being taken to implement that decision and shall inform the foster parents of their right to request a review of the decision by the Assistant Commissioner for Social Services within ten (10) days under the provisions of sub-section 249.024 (below). The Associate Regional Administrator for Social Services shall thereupon arrange for the removal of the child from the foster home or the closing of the foster home. However, the Associate Regional Administrator for Social Services may at his or her discretion, further postpone removal of the child or closing of the home pending review by the Assistant Commissioner for Social Services. Such further postponement of removal or closing shall not be considered a matter of right for the foster parent.

b. If the Associate Regional Administrator for Social Services decides to remove the child from the foster home or to close the foster home despite a recommendation by the Committee that the child not be removed or that the home not be closed, (s)he shall notify the foster parents of that decision and shall send the case to the Assistant Commissioner for Social Services for review. Notice to the foster parents shall indicate that the case is being reviewed by the Assistant Commissioner for Social Services and that no formal request for review is necessary. No further action shall be taken to remove the child or close the home except upon instruction from the Assistant Commissioner for Social Services.

229.023 Decision Not to Remove the Child or Not to Close the Foster Home

If the Associate Regional Administrator for Social Services decides not to remove the child or not to close the foster home (s)he shall so notify the foster parents and social worker and (s)he shall have the case reassigned to

SUBPART C - REPORTS

258.15 Mandatory Reports of Injuries

All mandatory reporters shall immediately notify the Department by oral communication of any reportable condition, and by the subsequent mailing of a written report within forty-eight hours after such oral communication.

258.16 Mandatory Reports of Deaths

All mandatory reporters who have reasonable cause to believe that a child has died as a result of a reportable condition shall immediately notify the Department by oral communication, and shall immediately thereafter report such death in writing to the Department, to the district attorney for the county in which such death occurred, and to the medical examiner for the district within the county wherein said child's body lies.

258.17 Optional Reports

Any other persons may report an injury or death if such person has reasonable cause to believe that a child is suffering from or has died as a result of a reportable condition.

258.18 Liability

State law provides that no mandatory reporter shall be liable in any civil or criminal action by reason of submitting a report. No other person making a report shall be liable in any civil or criminal action by reason of submitting such report if it was made in good faith.

258.19 Privilege

State law provides that any privilege established by G.L. c. 233, s. 20 (testimony relating to private conversations between husband and wife; testimony against a spouse relating to commission of a crime) and G.L. c. 233, s. 20B (testimony as to communications between patients and psychotherapists) may not be invoked in any civil action arising out of a report made pursuant to this section.

258.20 Notification of Parents by Reporter

The Department recommends that, whenever possible, all reporters notify the parents or persons responsible for the reported child that a report is being submitted to the Department.

258.21 Acceptance of Reports by Department

Personnel or administrative units of the Department, as designated by the Commissioner, shall accept or cause to be accepted all reports initiated under this part (Reporting Form CW-3C).

258.22 Publication of Data Concerning Designated Units

Personnel or administrative units designated by the Commissioner pursuant to s. 258.21 shall cause their names, titles, office addresses, telephone numbers, and functions to be published throughout the geographic area in which they are authorized to operate.

258.23 Distribution of Reporting Forms

Personnel or administrative units designated by the Commissioner pursuant to s. 258.21 shall cause reporting forms to be distributed to persons and institutions having a reasonable probability of becoming a mandatory reporter under these regulations.

258.24 Transcription of Oral Reports

When oral communications are submitted, personnel receiving such communications shall transcribe them onto Form CW-3C (Report of Child Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect).

258.25 Elements of Reports

Every CW-3C report shall contain the following information:

a. the date of the report;

b. the name of the child, if known;

c. the address of the child, if known;

d. the names and ages of the child's parents or other persons responsible for his care, if known;

e. the address and telephone number of the child's parents or other persons responsible for his care, if known;

f. the child's date of birth, if known, or an estimate of the child's age;

g. the child's sex;

h. the nature and extent of the child's injuries, abuse, maltreatment or neglect, including any evidence of prior injuries abuse, maltreatment or neglect, and the identity of the person providing such information;

i. the circumstances under which the person reporting first became aware of the child's injuries, abuse, maltreatment or neglect and the source of such allegations;

j. what action, if any, was taken to treat, shelter, or otherwise assist the child;

k. the name, address, and telephone number of the person or persons making such report and their capacity in relation to the child, if available;

l. the name, address, and telephone number of the institution, school, or facility, if any, the reporter represents;

m. a determination by the person receiving the report as to whether the reporter is a mandatory reporter as defined in s. 258.08; and

n. any other information which the person reporting believes may be helpful in establishing the cause of the injuries or the persons responsible therefor, in each case citing the source of such information.

SUBPART D - INVESTIGATION, EVALUATION AND DISPOSITION OF REPORTS

258.30 Assignment of Investigation

Upon receipt of an oral report, the person or unit designated by the Commissioner to which the report has been submitted shall, whenever possible, immediately investigate and evaluate the information contained in said report. If the number of reports submitted prevents immediate investigation and evaluation:

a. those cases in which, if the facts alleged on the face of the report are true, present the most immediate danger to the reported child shall be investigated and evaluated before all other cases; and

b. such condition shall be immediately reported by the personnel or administrative unit assigned to investigate or evaluate such reports to the Coordinator of Protective Services of the Department, and weekly thereafter until such condition no longer exists.

258.31 Purpose of Investigation and Evaluation

The person responsible for the investigation and evaluation shall determine whether there is reasonable cause to believe that a reportable condition existed at the time of the original report.

The reported child's safety will be the first consideration. The Department recognizes that current professional practice in protective services requires an evaluative rather than an investigative approach.

258.32 Elements of Evaluation

The elements of evaluation shall include:

a. A determination of the nature, extent, and cause or causes of the injuries;

b. If the situation of neglect and abuse exists, a determination of the risk to the child, whether the parents or persons responsible can take steps to correct the condition or can voluntarily seek and utilize help of other available resources or services;

c. An evaluation of the parents or parent substitute and the home environment to determine the capacity to change and provide adequate care to the child.

258.33 Suitable Sources and Methods of Investigation

a. The parents or parent substitutes of the reported child are to be considered the most suitable source of information for the investigation and evaluation.

b. Under no circumstances shall the investigator enter the residence in question when permission to do so is denied by the head or heads of the household.

c. The investigator shall deliver to the head of the household where the reported child usually resides written notice (Form CW 502 and Form CW 502A) that a report has been made, and the nature and possible effects of the investigation and evaluation.

258.34 Notice of Possible Use of Collected Data

The referral source as well as the family shall be informed that information given to the protective worker could and may be used in a subsequent court hearing, should the welfare of the child and family so require.

258.35 Disposition Where "No Reasonable Cause" Found

If the person responsible for the investigation and evaluation determines that there is "no reasonable cause" to believe that any child within the household is suffering from any of the reportable conditions alleged in the report, such determination will be incorporated into the evaluation and the Central Registry report, and provided to the parents or other persons responsible for the care of the child, in writing on Form CW 6A-2. A determination of "no reasonable cause" shall not prevent the person responsible for the investigation, upon the request of household members, from providing information and referral services to the household relative to Departmental or community resource programs, from which the household or its members might benefit.

258.36 Disposition Where "Reasonable Cause" Found

In all cases where the person responsible for the investigation and evaluation determines that there is reasonable cause to believe that a child within the household is suffering from any of the reportable conditions alleged in the report, said person shall develop a Service Plan for the household in cooperation with the parents or other persons responsible for the care of the child, and in cooperation with the child where practical.

SUBPART E - SERVICE PLAN

258.40 Definition of Service Plan

The Service Plan is a set of mutual goals developed between the Department and the household. It represents a plan of action and shall include the goals toward which the parties are working, the barriers which are preventing the household from attaining or maintaining the goals, the services needed to assist the household, and an estimate of the time needed to attain said goals.

258.41 Primary Goals of Service Plan

The primary goals of the Service Plan are to discharge community responsibility for safeguarding and protecting the welfare of children whose parents are unable to do so, to see that neglected and abused children are protected against further similar experiences and conditions detrimental to healthy growth and development, and to see that children receive care that provides the essentials for their well being and development at home or, in appropriate instances, substitute foster care. The Service Plan shall be based on the results of the investigation and evaluation along with and in consultation with all available medical, psychiatric, legal and social resources. The goals set forth shall, whenever possible, be agreed upon by the family and shall be designed to insure the safety of the child.

258.42 Purpose of Services Provided Under Plan

Services on behalf of a child should enable parents to recognize and remedy the conditions harmful to the child and to fulfill their parental roles more adequately.

258.43 Presumption Against Separation of Child From Household

Separation of the child from the household even temporarily as a means to attain Service Plan goals is an extraordinary measure that shall be considered only as a last resourt and undertaken in strict conformity with the regulations and controls specified in sections 258.62, 258.64 and Subpart G.

258.44 Implementation of The Service Plan

Once the Service Plan has been developed, the person responsible for it shall work toward its successful implementation. Said person shall provide the following services to the household:

a. Counseling;

b. Information as to services funded by the Department for which the household may be eligible, and assistance in procuring such services (see list in s. 258.45);

c. Information and referral as to services not funded by the Department which may be made available to the household, and assistance in procuring such services;

d. Monitoring of service delivery to the household and making efforts to improve service delivery; and

e. Making arrangements for and authorizing payment for day care or homemaker services without regard to financial eligibility when such services are a necessary part of the Service Plan.

258.45 Services Provided Under the Plan

The services referred to in s. 258.44 (b) and (c) include, but are not limited to, the following:

Diagnostic services, including psychological testing, medical, family planning, legal, homemaker, day care, educational, psychiatric, casework, and addiction control services.

258.46 Required Periodic Reassessment of Service Plan

Once every three months, or more often as needed, the person responsible for the implementation of the Service Plan shall conduct, in consultation with his supervisor, a re-assessment of the Service Plan.

258.47 Elements of Reassessment

The periodic re-assessment of Service Plan required by s. 258.46 shall include, but need not be limited to, the following:

a. Communications with Departmental and non-Departmental providers of social services to monitor progress or lack thereof in reaching Service Plan goals;

b. Determination of what additional services may be provided, what services may be terminated, and what services may be altered;

c. In cases where the child is separated from his parents or others responsible for his care, a review of the contact between the separated child and other household members and how such contact may be enhanced;

d. A determination whether court involvement should be initiated or a modification of an existing court order sought; and

e. Conferences with the parents or other persons responsible for the care of the child, and the child when appropriate, to assess the progress of the Service Plan.

258.48 Required Written Summary of Reassessment

A summary of the re-assessment shall be made in writing and incorporated into the case record. A written copy will be mailed to the parents or other persons responsible for the care of the child.

SUBPART F - COURT INTERVENTION, VOLUNTARY PLACEMENT, AND IMMEDIATE CUSTODY OF CHILD UNDER CERTAIN CIRCUMSTANCES

258.60 Court Intervention

If a family declines or is unable to accept or participate in the offered services, and the person responsible for the investigation and evaluation has reasonable cause to believe the child is suffering from serious physical or emotional injuries, said person, with the prior approval of his supervisor, may file a petition in the proper Juvenile or District Court pursuant to G.L. c. 119, s. 24, alleging any of the following conditions that apply:

a. said child is without proper physical or educational or moral care and discipline;

b. said child is growing up under conditions or circumstances damaging to a child's sound character and development;

c. said child lacks proper attention of its parent, guardian with custody, or custodian and said child's parent or guardian is unable, incompetent, or unavailable to provide such care.

258.61 Voluntary Placement in Foster Care

Whenever the person responsible for the investigation and evaluation has reasonable cause to believe that the removal of the child from the household is necessary to protect him from abuse or neglect and the child's parent or guardian has consented thereto, said child may be accepted by the Department for foster care.

a. The necessary consent of the parent or guardian must be in writing by use of a completed "Foster Care Application Form" (Form 23-SA).

b. Acceptance of the child for foster care, through this procedure, shall entail no abrogation of parental rights or responsibilities, but the Department shall accept from the parent or guardian a temporary delegation of such rights and responsibilities necessary to provide the foster care for a period of time under conditions agreed upon by both and terminable by either.

c. In every instance, Department personnel will attempt to obtain permission for the Department or an agency, medical institution, or individual so delegated by the Department, to have emergency medical care, consistent with the religious practices of the family, provided to the child to be taken into care.

258.62 Immediate Danger, Consultation, and Lack of Reasonable Alternative Prerequisite to Immediate Custody

If the person responsible for the investigation and evaluation has reasonable cause to believe that the removal of the child from the household is necessary to protect the child from the immediate danger of abuse or neglect, such person, after consultation with his supervisor, if possible, and after a determination that there exists no reasonable alternative, shall take the child into immediate custody. Whenever a child is taken into immediate custody, the child will be brought promptly to a medical facility for an examination. Police assistance may be requested to help exercise the powers enumerated in this section.

258.63 Mandatory Petition to Court when Child Taken Into Immediate Care

Whenever a child is taken into immediate custody, pursuant to s. 258.62, said person, or the Department, shall file on the next court day a petition in the proper Juvenile or District Court pursuant to G.L. c. 119, s. 51B and c. 119, s. 24, alleging those of the following conditions that apply:

a. said child is without proper physical or moral care and discipline;

b. said child is growing up under conditions or circumstances damaging to the child's sound character development;

c. said child lacks proper attention of his parent, or guardian with custody, or custodian, and said child's parent or guardian is unable, incompetent or unavailable to provide such care.

258.64 Disposition by Judge of Cases Brought Before Juvenile or District Court

If a judge of a District or Juvenile Court finds, pursuant to G.L. c. 119, s. 26, that the allegations contained in the petition are proven, he may adjudge the child in need of care and protection and may commit the child to the custody of the Department until he becomes eighteen years of age or until in the opinion of the Department the object of his commitment has been accomplished, whichever occurs first, or make any other appropriate order with reference to the care and custody of the child as may contribute to his best interests including but not limited to any one or more of the following:

a. It may permit the child to remain with his parents, guardian, or other custodian subject to conditions and limitations which the Court may prescribe including the supervision as directed by the Court for the care and protection of the child.

b. It may, subject to such conditions and limitations as the Court may prescribe, transfer temporary legal custody to any of the following:

   (1) any individual who, after study by a probation officer or other person or agency designated by the Court, is found by the Court to be qualified to give care to the child;

   (2) any agency or other private organization licensed or otherwise authorized by law to receive and provide care for the child;

   (3) the Department of Public Welfare.

c. It may order appropriate physical care including medical or dental care.

258.65 Submission of Recommendations as to Disposition of Case by Department to the Court

Whenever a child is adjudged in need of care and protection, under a petition brought by a worker of the Department, said worker shall be prepared to recommend to the Court such disposition of the case as said worker believes would most aid in implementation of the Service Plan to the family.

258.66 Periodic Review of Court Cases

On any petition filed in any Court pursuant to G.L. c. 119, s. 26, the Department, parents, person having legal custody of, or counsel for a child may petition the Court not more than once every six months for a review and redetermination of the current needs of such child whose case had come before the Court.

SUBPART G - SEPARATION OF CHILD FROM HOUSEHOLD

258.70 Separation as Indication of Need for Intensive Work to Enable Return of Child

Any separation of the child from the household shall be considered as an indication of the need for intenstive work with the parents or persons responsible for the care of the child toward the goal of returning the child to the household.

258.71 Parental Visits Encouraged

Where a separation of the child from the household has occurred due to Department action, visits between the child and other household members shall be encouraged. Prohibition of such visits for casework reasons are to be documented in the case record, and written notice sent to those persons so prohibited including the reason for such prohibition and its expected duration.

258.72 Written Notice of Opportunity to Visit in Certain Circumstances

If the parents or other persons responsible for the care of the child fail to visit said child at least once a month, and there is no apparent barrier to said visits, the person responsible for the Service Plan shall send a written reminder to said persons informing them of the opportunity to visit the child.

258.73 Geographical Convenience of Placement

When a separation of the child from the household has occurred because of Department action, the child shall be placed in a foster home or group care facility that is as geographically convenient to the household as possible.

258.74 Compliance with Court Orders

Under no circumstances shall visits be prohibited where such prohibition would contravene a Court order.

SUBPART H - CONTINUING SERVICES

258.80 Continuing Services

Services will continue to the household until there has been a determination that the Service Plan goals as defined in s. 258.41 have been met.

258.81 Written History Required For All Open Cases

Personnel responsible for the case shall maintain a written summary of the history of the case so long as it remains open and shall cause such summaries to be incorporated into the case record of the child in question.

SUBPART I - MAINTENANCE OF REPORTS AND EVALUATIONS

258.90 Files Maintained by Designated Units

Each unit designated pursuant to s. 258.21 shall maintain a file of the written reports and evaluations prepared pursuant to this part which shall be the sole depository for such reports and evaluations.

258.91 Confidentiality of Reports and Evaluations

All written reports and evaluations prepared and maintained pursuant to this part shall be confidential.

258.92 Access to Files by Parent, Guardian, or Child's Counsel and Social Worker

The child's parent, guardian, or counsel, or a social worker assigned to the case, upon written request, and after approval of the Commissioner, may receive a copy of the written report or evaluation of the initial investigation or portions thereof from such file, except that:

a. a request for release of the reports or evaluations may be denied, but only when, in the Commissioner's opinion, granting the request would be clearly contrary to the best interests of the child. The Commissioner shall send written notice of any such denial to the requesting party stating the reasons for denying the request.

b. When only a portion of the reports or evaluations is released to a requesting party, the Commissioner shall so inform the requesting party and shall inform said party of the type of information withheld.

258.93 Access to Files by Others Limited

Such reports and evaluations of initial investigations shall not be made available to any persons other than those enumerated in s. 258.92 above without the following:

a. the written and informed consent of the child's parent or guardian, in addition to the written approval of the Commissioner; or

b. an order of a Court of competent jurisdiction.

258.94 Improper Release of Information Prohibited

General Laws c. 119, s. 61E, provides that "any person who permits any information in the files to be released to persons or agencies other than those specified in this section shall be punished by a fine of not more than one thousand dollars, or by imprisonment for not more than two and one-half years or both".

SUBPART J - CENTRAL REGISTRY

258.100 Establishment and Location of Registry

There shall be a single "Central Registry", in this subpart called the Registry, to be located at the Massachusetts Department of Public Welfare, 600 Washington Street, Boston, Massachusetts.

258.101 Purpose of Registry

The Registry shall be used solely for the purpose of monitoring the performance of the Department in its delivery of investigative, evaluative and planning services required by this part.

258.102 Registry Supervisor

There shall be a Supervisor of the Registry appointed by the Commissioner prior to the operation of the Registry and charged with responsibility for the maintenance and operation of the Registry and the removal and destruction of its information in accordance with G.L. c. 119 s. 51A-51G.

258.103 Initial Registration

The following information shall be compiled and forwarded to the Registry as the initial entry by the person responsible for the reception or for investigation and evaluation of the case within five (5) working days of the receipt by the Department of an oral or written report by use of Form CW 17A (Registration of Child Alleged to Be Suffering From Abuse, Neglect or Addiction):

a. the case number assigned to the child by the Administrative Unit responsible for the reception of the report;

b. the city or town in which the child resides, if known;

c. the age of the child;

d. the sex of the child;

e. the date that the initial report was submitted to the Department;

f. the name, title, and office address of the person assigned to investigate and evaluate the report; and

g. an indication of whether abuse, neglect or addiction was alleged by the reporter.

258.104 Evaluation Entry

The following information shall be compiled and forwarded to the Registry by the person responsible for investigation and evaluation of the case within forty-five days (45) days of the receipt of an oral or written report, or upon completion of the investigation and evaluation, whichever occurs last, by use of Form 17B (Registration of Results of Investigation and Evaluation of Child Alleged to be Suffering From Abuse, Neglect or Addiction):

a. the case number assigned to the child;

b. the date that the investigation and evaluation were started;

c. the date that the investigation and evaluation were completed;

d. the determination of whether there is reasonable cause to believe that a reportable condition existed at the time of the original report; and

e. the name, title and office address of the person who completed the investigation and evaluation.

258.105 Change of Residence Entry

The following information shall be immediately compiled and forwarded to the Registry by the person responsible for investigation and evaluation or service of the case whenever a reported child is removed from or returned to his usual place of residence due to Departmental action by use of Form 17C (Notice of Removal of Reported Child From Usual Place of Residence):

a. the case number assigned to the child;

b. the present placement of the child by type;

c. the date of the child's removal or return;

the summary of the circumstances which led to the change of residence, including whether the child was surrendered, removed or returned voluntarily or through Court order; and

e. the name, title and office address of the person submitting the information.

258.106 Termination of Service Entry

The following information shall be compiled and forwarded to the Registry by the person responsible for the investigation, evaluation and service of the case within one week of the termination of services to the child by use of Form 17D (Notice of Case Closing of Reported Child):

a. the case number assigned to the child;

b. the present placement of the child by type;

c. the date that service was terminated;

d. a summary of the circumstances which led to the termination of services, including an indication of whether the child continues to reside in the same household as at the time of the original report; and

e. the name, title and office address of the person responsible for terminating service.

258.107 Release of Registry Information

Any information in the Registry relating to individual cases shall be released only:

a. upon Court order; or

b. after approval of the Commissioner, upon a written request from the child's parent, guardian, or counsel where the Commissioner has determined that granting the request would not be clearly contrary to the best interests of the child.

258.108 Required Documentation of Information Release

Whenever information in the Registry relating to individual cases is released, the following items shall be placed in the child's Registry file:

a. the date that the information was released;

b. the name and address and authority of the person receiving the information, and documentation of the procedure by which such information was verified; and

c. either written documentation of the Commissioner's authorization to release said information or a copy of the relevant Court order.

258.109 Unauthorized Information Release Prohibited

Release of data and information stored in the Registry without authorization, by any person employed in the Registry, is punishable under G.L. c. 119, s. 51F, by a fine of not more than one thousand dollars or by imprisonment of not more than two and one-half years, or both.

SUBPART K - DESTRUCTION OF DATA AND RECORDS

258.120 Destruction of Central Registry Information When No Reasonable Cause Found

Whenever the results of the investigation and evaluation do not contain a finding that there was reasonable cause to believe that a reportable condition existed at the time of the original report, Central Registry personnel shall destroy all the data contained in the Central Registry which would establish the identity of the reported child, address and case number, no less than thirty and no more than sixty days from the date of the completion of the investigation and evaluation.

258.121 Destruction of Reports and Investigation and Evaluation Summaries When No Reasonable Cause Found

Whenever the results of the investigation and evaluation do not contain a finding that there was reasonable cause to believe that a reportable condition existed at the time of the original report, Department personnel shall destroy said report, investigation and evaluation and copies thereof, no less than six months and no more than one year from the date of the completion of the investigation and evaluation.

258.122 Destruction of Records When Reasonable Cause Found

In all other cases, Department personnel shall destroy the Central Registry data referred to in s. 258.120, or reports, investigations or evaluations referred to in s. 258.121, upon the sixteenth birthday of the reported child for cases where service has been terminated, or upon one year of the date of termination of services to the child, whichever date occurs last.

another social worker within the Community Service Center. If the Committee has recommended that the child be removed or that the home be closed, the Associate Regional Administrator for Social Services shall send to the Assistant Commissioner for Social Services copies of the Committee's recommendation and of his decision together with his reasons for declining to accept the Committee's recommendation.

249.024 Foster Parent Request for Review of Decision by the Assistant Commissioner for Social Services

a. A foster parent upon receipt of notice from the Associate Regional Administrator for Social Services of his decision to remove the child from the foster home or to close the foster home may within ten (10) days request in writing of the Associate Regional Administrator for Social Services that said decision be reviewed by the Assistant Commissioner for Social Services, except that such review shall be automatic if the Associate Regional Administrator for Social Services has rejected a Review Committee recommendation in making his decision. The foster parent may at the same time request further postponement of removal of the child or closing of the home but such postponement shall not be considered a matter of right unless the Associate Regional Administrator for Social Services has rejected a Review Committee recommendation.

b. Upon receipt of a request for review under sub-section a. above the Associate Regional Administrator for Social Services shall immediately forward the case to the Assistant Commissioner for Social Services.

249.025 Review by the Assistant Commissioner for Social Services

Within ten (10) days of receipt of a request for review from an Associate Regional Administrator for Social Services under the provisions of Section 249.022-b and 249.024-b above the Assistant Commissioner for Social Services shall review the entire record and shall return the case to the Associate Regional Administrator for Social Services with instructions as to proper disposition of the case.

249.026 Implementation of the Assistant Commissioner for Social Services Decision

Within five (5) days of receipt of the Assistant Commissioner for Social Services instructions, the Associate Regional Administrator for Social Services shall notify the foster parents and the social worker of final disposition of the case and shall proceed to implement the Assistant Commissioner for Social Services decision.

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SUBPART A

230.001 Authority

These regulations are promulgated under the authority of Chapter 18, section 10 and Chapter 119, section 37 of the General Laws, pursuant to the Department's responsibilities under Chapter 18, section 2 and Chapter 119, sections 23 and 39G.

230.002 Scope

These regulations apply to all situations in which a youth is referred by a court to the Department as an alleged CHINS or in which a youth not previously referred and accepted for services is adjudicated a CHINS and committed to the Department. They cover approximately 30 days of intensive diagnosis and planning with youth and parents. They do not apply to those youth directly referred to the Department who are entitled to services ordinarily rendered by the Department.

230.003 Statement of Policy Objectives

The Department's primary objective in working with children in need of services and with their families is to strengthen and encourage family life. All available resources will be utilized to that end, and alternative living situations provided for youth only to overcome conflict within the family or when the family has so disintegrated that an alternative is in the youth's best interest. These regulations are intended to provide a framework which maximizes the Department's ability to intervene positively on behalf of the youth within the juvenile justice system and, whenever possible, before the youth interacts with that system. Therefore efforts will be directed toward diverting youth and their parents from courthouses and courtrooms by providing services which will meet their needs, including assessment and diagnosis, emergency shelter, family and individual life counseling, specialized foster care, group care and other services of the Department, as appropriate, and referral to other agencies and programs which provide services to CHINS.

230.004 Eligibility

Youth referred to and accepted by the Department for services under these regulations shall be considered eligible for the following services without regard to income:

> assessment and diagnosis, emergency shelter, family and individual life counseling, and specialized foster care.

The youth's eligibility for additional services available from the Department shall be governed by the eligibility requirements of such services.

SUBPART B

230.005 Assessment and Diagnosis

All activities necessary for the identification and determination of the youth's need, including development of the service plan, counseling related to the identification, acceptance and provision of needed services and meeting the emergency and crisis needs.

230.006 Child in Need of Services

A child below the age of seventeen who persistently runs away from the home of his or her parents or legal guardian, or persistently refuses to obey the lawful and reasonable commands of his or her parents or legal guardian, thereby resulting in said parents' or guardians' inability to adequately care for and protect said child, or a child between the ages of six and sixteen who persistently and willfully fails to attend school or persistently violates the lawful and reasonable regulations of his or her school.

230.007 Commitment

An order by a district or juvenile court under Chapter 119, section 39G, placing a youth in the care and custody of the Department.

230.008 Emergency Shelter Care

Over-night care provided as a protective service for not more than 30 days in any 6- month period, through a family foster home, group care facility or temporary shelter facility.

230.009 Counseling and Related Services

Counseling and related services provided to youth and parents within the family setting while the youth is at home or to the families while the youth is placed outside the home.

230.010 Family Foster Care

Substitute parental care by a family given in a private residence for up to six children under 16 years of age on a regular, twenty-four-hour-a-day, residential basis by anyone other than a relative by blood or marriage.

230.011 Group Care Facility

A group facility licensed by the Office for Children which provides an alternative placement and services for a child in need of services in a peer group environment.

230.012 Individualized Monitoring

Supervision of a youth by an adult under contract with the Department on a one-to-one basis which provides the youth with a secure situation. This supervision may occur within the youth's own home or within a separate living arrangement for the youth and adult.

230.013 Parents

Includes biological and adoptive parents and legal guardians (other than Department staff).

230.014 Referral

A request from a probation officer or a court that services be provided for an individual under the provisions of Chapter 119, section 39E, of the General Laws. For purposes of these regulations a youth committed to the Department under Chapter 119, section 39G, may be considered a referral unless a referral has occurred and services provided in the previous six months.

230.015 Service Plan

A written agreement developed jointly by the youth, parent(s) and worker during approximately 30 days of intensive diagnosis and planning, which provides services on an individual basis and clearly assigns rights and responsibilities of youth, parents and the Department for implementation of the agreement, or in the event such an agreement is not reached, the proposal of the worker to the court, which shall relate the history of efforts to reach agreement.

230.016 Specialized Foster Care

Foster family care provided by specially trained caregivers to youths requiring an identifiable special service as the result of documented special needs.

230.017 Supervisor

The person designated by the Department to supervise workers servicing youths under these regulations.

230.018 Temporary Shelter Facility

A facility licensed by the Office for Children which operates to receive children under eighteen years of age for temporary shelter during the day or night when such children request shelter therein or when children are placed therein by the Department.

230.019 Worker

The person designated by the Department to service youth under these regulations, who shall perform all functions of intake relating to Department procedures.

230.020 Youth

A CHINS, or alleged CHINS, unless a different meaning is obvious in the context.

SUBPART C

230.021 Interview Conditions

The worker shall make every effort to ensure that all conferences are held in a physically comfortable and private setting which protects the youth and parents from being overheard in discussion of their problems.

230.022 Providing an Interpreter

In cases in which the youth or parents are non-English speaking, unless the worker is fluent in the youth's and parents' native tongue, the worker shall attempt to obtain the services of an interpreter for all communications with youth and parents. In cases in which English is the second language for youth and parents, the worker shall be especially alert to determine that youth and parents fully understand all communications.

230.023 Confidentiality

The worker shall ensure that information disclosed in conversations with youth and parents or through any documents secured in the course of their contact and planning remains confidential. The worker shall ensure that records are maintained in accordance with the standards established in Administrators Letter No. 198 implementing Executive Office of Human Services Regulations under the Fair Information Practices Act.

The worker cannot promise absolute confidentiality because he or she may be subpoenaed to testify in a court proceeding.

If a worker is subpoenaed to appear and produce any records of the planning efforts, the youth and parents shall be notified immediately and informed of the right of access to the file and right to appear and contest the court order to release the file.

230. 024 Releases for Information

The worker shall ask the youth and his or her parents for a separate release for each source and type of information to obtain any records relevant to youth or parents. In conformity with the standards established under Section 405.5 of the Executive Office of Human Services Regulations under the Fair Information Practices Act, if the youth is

230.024 Releases for Information (con't)

fourteen years of age or older, the worker shall obtain the written consent of both youth and parents and, if the youth is under fourteen years of age, the consent of parents, although every effort shall be made to obtain the consent of the youth as well.

When released material comes to the worker he or she shall share it with youth and parents. The worker shall not be unduly influenced by previous judgments made about youth and family when evaluating the problem situation and shall ignore summary conclusions and labels unless clearly explained and substantiated. The worker shall advise youth and parents of their right to review, challenge and amend records pertaining to juveniles pursuant to Section 406.1 of the Executive Office of Human Services Regulations under the Fair Information Practices Act.

SUBPART D

230. 025 Diversion

The worker will not accept or will defer referrals of youth as provided in sections 230.026 through 230.031 of these regulations. Such non-acceptance or deferral does not affect the eligibility of the youth for social services otherwise available from the Department through Community Service Areas.

230.026 Truants and School Offenders

If the sole basis for a proposed CHINS referral to the Department is the persistent or willful failure of the youth to attend school or the youth's persistent violation of the lawful and reasonable regulations of his or her school, the worker shall defer acceptance of the referral and ask the court to refer the youth first to the principal of the school attended by such youth, who is responsible, under section 315.4 of the Regulations for Chapter 766, for determining the need for a CORE evaluation. If the worker determines that social services, in addition to those services provided for by Chapter 766, are needed, the worker may arrange for such services.

230. 027 Youth in the Custody of the Department of Youth Services

The worker shall request that the court refer youth presently in the custody of the Department of Youth Services or on parole from the Department of Youth Services back to the Department of Youth Services for services.

230.028 Youth Alleged Delinquent

The worker shall defer accepting the referral of a youth who is currently the subject of a complaint seeking his or her adjudication as a delinquent until dismissal of that complaint.

230.029 Neglected or Abused Youth

If the worker determines that a youth's behavior is the result of parental abuse or conditions which constitute neglect as defined in Section 258.06 and Section 258.09 of the Department's Regulations, the worker shall report such abuse or neglect to the Protective Services Unit of the Department as required by Chapter 119, section 51A and shall seek to have the CHINS petition dismissed.

230. 030 Mentally Ill or Mentally Retarded Youth

The worker shall request that the court refer to the Department of Mental Health any youth previously diagnosed in need of psychiatric placement services, in need of placement for the mentally retarded, or in need of mental health services. If the worker determines that social services in addition to those provided by the Department of Mental Health, are needed, the worker may arrange for such services.

230. 031 Emancipated Minor

The worker shall not accept referral of an individual under the age of 18 who is married, divorced or separated from a spouse, who has served in the armed forces, or who has otherwise been declared emancipated by order of a court.

SUBPART E

230.032 Accepting Appropriate Referrals from Courts and Probation Officers

The worker shall seek to develop procedures in cooperation with individual courts and probation officers for the referral of CHINS to the Department prior to any court involvement. For example, the worker may request notification of hearings as required in Section 39E (1976 amendment).

A worker may accept a referral of a youth only under the provisions of Chapter 119, sections 39E and 39G of the General Laws, and in accordance with these regulations.

Section 39E authorizes a probation officer to refer a youth to the Department for informal assistance before or after a preliminary hearing on a CHINS petition. A worker may therefore accept from a juvenile or district court probation officer a youth, if according to information provided by the probation officer he or she would appear to qualify as a CHINS as defined by Section 230.006 above..

Section 39G authorizes the court to commit the youth to the Department after a hearing on the merits and a finding that a youth is a CHINS. The worker may therefore accept from a juvenile, district or superior court any referral of a youth adjudicated a CHINS by that court who has not received services under Part 230 of these regulations within the previous six months. Commitment to the care and custody of the Department under Section 39G shall be considered a referral for services for purposes of these regulations unless the youth was within the previous six months referred to the Department as an alleged CHINS under Section 39E and received services pursuant to said referral, in which case the youth shall be considered to be an on-going case and assigned to a Community Service Area Worker as provided in Section 230.040 below.

230.033 Establishing Contact with Youth and Parents

The worker shall contact the youth and his or her parents by telephone or in person within 24 hours of the referral and shall arrange a meeting at the youth's and parents' earliest convenience within 48 hours. If necessary, the worker shall arrange to provide the youth with Emergency Shelter Care under the provisions of Subpart G below.

230.034 Obtaining Consent for Placement Services

If the youth will require Emergency Shelter Care for more than 72 hours, the worker shall obtain the written consent of the youth or parents, or, whenever possible, both. Such consent shall be expressed through a voluntary agreement under the provisions of Chapter 119, section 23, subsection A of the General Laws. The worker shall seek to make such consent as informed as possible by explaining all possible ramifications of such consent, including the effect on AFDC payments to the family if the family currently receives AFDC.

230.035 Inability to Secure Consent

Should the worker be unable to secure consent from either parent or youth within 72 hours, he or she shall return the youth to the court, provided, however, that if such failure to secure consent is a result of the unavailability of the parents and removal from shelter care would create a risk of danger to the youth, the worker may bring a petition under Chapter 119, section 24 of the General Laws for the care and protection of the child and seek an order of commitment to the Department.

230.036 Goal of Initial Outreach Efforts

The worker shall explain to youth and parents the goal of developing together, within approximately 30 days, a plan that will be effective in resolving the problem(s) which resulted in referral to the program. The worker shall inform youth and parents that after approximately 30 days, if they require ongoing services, they will continue working with a CSA worker. The worker shall further explain that during the 30 day period, referral may be made to a private or public agency or a program designed to provide special services to CHINS.

The worker shall stress the importance of promptly establishing a positive relationship in order to be able to arrive voluntarily at a truly workable plan. Although the Department may seek a court order as provided in Subpart F below when agreement proves impossible, the worker shall seek such an order only as a last resort after all reasonable efforts to agree have failed. The worker shall not use the threat of a court order to force acceptance of a plan.

230.037 Development of Service Plan

The worker, with the help of youth and parents, shall attempt to write a time-limited agreement which will set forth what each promises to do in an effort to work out their difficulties. The agreement shall include provisions for monitoring the agreement and specifying prodedures in case any party breaks the agreement. For example, it may be decided that a relative or friend would serve as arbitrator should conflict arise in implementation of the agreement.

The worker shall make every effort to have the plan arise from sessions in which parents, youth and worker all participate. However, should youth or parents resist such an arrangement, the worker shall request one joint interview with youth and parents and conduct the remainder of the meetings separately, unless and until further joint meetings become feasible. When the youth is separated from his or her family, the worker shall encourage regular visiting. If the parents cannot provide for visiting on their own, the worker shall attempt to arrange for transportation.

The worker shall explain that although he or she will offer suggestions about various resources which may be utilized to resolve the problem, the youth and parents have the right to accept or reject any of these proposals and are encouraged to present alternate options when those would be preferable to them. The worker, youth and parents shall keep a joint record of those options considered together in the course of plan-making. The worker shall encourage the youth and parents to draw in other family members and friends who could be helpful in the process of forming a meaningful agreement.

230.038 Use of Community Resources

The worker shall seek to maximize the use of all community resources, including services available through a CSA or from other public and private agencies. If during the 30 day period the youth is referred to another agency or program, the worker shall continue to monitor the case and provide case management when necessary.

230.039 Choice of Least Restrictive Alternative

At every stage of the planning process, the worker shall search for and encourage the selection of the least restrictive alternative which is in the interest of growth and health, and the eventual return of the youth to his or her family. When the participants select a restrictive alternative, they shall include in the plan such less drastic alternatives as were considered and the reasons for rejecting them.

230.040 Transfer of Responsibility

If after approximately 30 days the situation is not resolved and services have not been terminated, the worker shall arrange to transfer service responsibility for the youth and parents to a CSA or private agency. To ensure continuity of services, the worker shall begin to plan the transfer of responsibility at least two weeks in advance by notifying the Social Services supervisor in the CSA which is to receive the case.

The worker may retain service responsibility for the case upon approval of the Assistant Regional Administrator for Social Services, who shall review the worker's current caseload and, who shall specify the duration of case management responsibility.

230.041 Court Appearances

The worker shall appear at all court hearings concerning the youth with whom he or she is working. When the worker transfers a youth to a CSA he or she shall inform the court of that transfer and alert the CSA worker of future court dates which may have already been set. The court shall be notified of any change in placement of the youth when the court has requested such notification.

SUBPART F

230.042 Consultation with Supervisor

If the worker, youth and parents are unable to agree on a service plan, the worker shall consult with his or her supervisor, who will review the plan of the worker with the youth and parents and explore alternatives with the worker.

230.043 Supervisor Approval of Court Action

A worker shall not seek to have a petition issued or to have a hearing on the merits except upon the approval of the supervisor. Should a supervisor determine that voluntary agreement to a service plan is not feasible because youth or parents are not cooperating in the development or actualization of a service plan or should he or she determine that a court order is essential in order to obtain services from other agencies, he or she may approve requesting further court action.

230.044 Proceeding with Court Action

With supervisor approval, the worker may recommend to the probation officer that a CHINS petition be issued if none has yet been issued or that the court hear the case on the merits if a petition has already been issued.

The worker shall inform youth and parents that he or she is recommending such action and shall review with youth and parents the record of joint and individual sessions and options considered and rejected in the development of the plan. The worker shall ensure that the record clearly and accurately reflects their work together and shall indicate to youth and parents that portion of the plan he or she shall recommend to the court. The worker shall inform the youth and parents of their right to appear at the hearing and their right to request action by separate counsel.

At the hearing, the worker shall be prepared to recommend a written service plan to the court based on the record of meetings with youth and parents .

SUBPART G

230.045 Placement Considerations

The worker shall carefully consider even for the briefest periods of placement, the following factors:

a. geographic convenience in relation to the youth's home;

b. any former placements and their outcomes;

c. current structure of youth's family;

d. the strengths of his or her positive and negative relationship to his or her parents and siblings;

e. reliance upon adults or peers for support;

f. response to organizational rules and regulations;

g. response to large numbers of new persons;

h. ability to control his or her own behavior and emotions as they infringe upon others;

i. the possibility that the youth is sufficiently mature to be emancipated and live independently.

The worker shall assess these and any other relevant factors to determine the best alternative settings for the youth. In each placement plan, the worker shall estimate the duration of placement and discuss the likely outcomes of termination of placement. While focusing on placement services to the youth, the worker shall also address the parents' need for services during placement and shall encourage visitation.

230.046 Emergency Placement

When emergency shelter care is needed the worker shall place the youth in the facility with available space which is most geographically convenient to the youth's home. If, after admission to emergency shelter, a youth and his or her parents agree that the youth should come home, the worker shall attempt to arrange for transportation if necessary as soon as practicable.

230.046 Emergency Placement (con't)

The worker shall promptly determine the appropriateness of the emergency placement for the individual youth and if the original placement is not the best possible alternative for the youth he or she shall arrange for the transfer of the youth to a more appropriate emergency shelter.

Emergency shelter care shall not exceed 72 hours unless the youth is in the care and custody of the Department through voluntary agreement or court order. When the worker, in consultation with the youth and family, decides that emergency placement should continue beyond 72 hours, the worker shall seek to enter into a voluntary agreement as provided in Section 230.034 above.

230.047 Individualized Monitoring

The worker shall arrange for individualized monitoring services only when no less restrictive alternatives are appropriate.

230.048 Placement Services Beyond Emergency Shelter Care

When placement service beyond emergency shelter care is needed, the youth will not be placed until the best possible alternative placement becomes available to avoid another experience of failure. In such situations the worker may choose to arrange for the child to return home and may retain responsibility for supervision of the case during that period. The worker shall provide the youth with the opportunity to visit possible placements and talk privately with other youth who have lived there. The worker shall encourage parental visits when possible.

258.06 Abuse

"Abuse" includes:

a. A physical injury or emotional injury by other than accidental means which causes or creates a substantial risk of death or protracted impairment or physical or emotional loss or impairment of the function of any bodily organ; and

b. the commission of a sex offense against a child as defined in the criminal laws of Massachusetts.

258.07 Child

"Child" means any male or female under the age of eighteen years.

258.08 Mandatory Reporter

"Mandatory reporter" means any physician, medical intern, medical examiner, dentist, nurse, public or private school teacher (including personnel of licensed day care centers who have supervisory responsibilities towards the children in such centers), educational administrator, guidance or family counselor (including any psychologist who, as part of his duties, performs the duties usually performed by a guidance or family counselor), probation officer, social worker or policeman, who, in his professional capacity, has reasonable cause to believe that a child is suffering from a reportable condition and any person in charge of a medical or other public or private institution, school or facility, or his designee, who has been notified by a member of the staff, who would otherwise be a mandatory reporter, that said staff member has reasonable cause to believe that a child is suffering a reportable condition.

258.09 Neglect

"Neglect" is a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering by failing to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities, such as:

a. adequate food, clothing, shelter, or education, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or

b. proper supervision or guardianship; or,

c. physical dependence of a child upon an addictive drug at birth.

258.10 Report

"Report" means any communication, oral or written, which expresses the communicator's reasonable belief that a child is suffering from or has died as a result of a reportable condition.

258.11 Reportable Condition

"Reportable condition" means a serious physical or emotional injury resulting from abuse inflicted upon a child, including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependence of a child upon an addictive drug at birth; or emotional injury resulting from the threat of physical harm.

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SUBPART A

248.001 Authority

The following policy is promulgated under the authority of Chapter 119, Section 37 of the General Laws of Massachusetts pursuant to the Department's responsibilities under Chapter 119, Sections 23 and 32 which require the Department to provide foster care for children in its care or custody by placement with private families unless found to be in need of special care, treatment or education.

248.002 Introduction

This section establishes policy to evaluate foster parent applicants and to develop and maintain an inventory of foster homes qualified to meet foster children's specific needs, in a manner that most effectively uses Department staff.

All evaluations will be done with a view to meeting specific needs of children in the care of the Department. Inquiries and applications from prospective foster parents will be accorded priority based on the specific resource needs of children in the particular community. The priorities for resource development will be explained to those interested in providing foster care. If a community is in need of foster homes for adolescents or sibling groups for example, this would be explained and inquiries and applications related to those priority needs would be attended to first. Other interested persons would be evaluated at a later time.

Persons who apply to the Department to become foster parents must be carefully evaluated to assure that they can provide a foster child with love and security and cooperate with the Department and the child's natural parents. A child who is separated from his/her family needs foster parents who can give of themselves without expecting immediate satisfaction, are flexible in their approach to raising children, and are accepting of the child and natural parents feelings.

They must have adequate mental and physical health for meeting a child's basic needs and be well balanced, mature individuals capable of good judgement.

The Department must explain to foster home applicants the practical reasons for, and the method of, foster home placement. The Department also must outline to foster parent applicants the mutual responsibilities of the Department and foster parents in the foster home placement program.

248.002 Introduction (con't)

The Department's goal for children in foster care is to return them to their own families as soon as possible or if that is impossible to move toward more permanent planning for the child, either long-term foster care or adoption.

Foster care applicants, whose primary motivation in caring for an unrelated child is adoption, shall be referred to the Adoption Program.

248.003 Definitions

Department - shall mean Department of Public Welfare.

Foster Parent Applicant - shall mean a person who has filed a Foster Home Application (CW-17) with the Department.

Foster Parents - any person(s) approved by the Department as a foster parent in accordance with the Department's Child Welfare Standards

Family Foster Care - shall mean substitute parental care in a family given in a private residence for up to six children under sixteen years of age on a regular,twenty-four-hour-a-day residential basis by anyone other than a relative by blood, marriage, or adoption; provided, however, that when a child has been placed in the home of a relative by blood, marriage or adoption by an order of court, such substitute parental care provided by the relative shall also constitute family foster care.

SUBPART B

248.004 Initial Contact

Persons interested in becoming foster parents may contact the Department by telephone, letter or personal visit.

248.005 Pre-Application Process

Upon initial contact, the social worker shall inform the interested person of the Department's requirements as outlined in this policy, the needs of children in the Department's care for family foster homes and the priority which would be accorded to the person's application should the person choose to file a foster home application.

248.006 Application Process

Foster Home Application forms shall be available upon request. Completed applications submitted to the Department shall be accorded priority based on the needs of children in the Department's care. Applications with high priority shall be assigned to a social worker for evaluation, and evaluation shall be completed within eight weeks of the date foster home application was signed.

The Department shall not discriminate in selecting foster parents on the basis of age, sex, race, religion, cultural heritage or marital status. All of these factors will be assessed in the application process to determine if the assessed needs of children in the Department's care can be met based on the parenting capabilities of the family.

248.007 Method of Evaluation of Prospective Foster Parents

Foster parent applicants may be evaluated by the group method or individual method.

I. Group Method - Group sessions are organized as a method to provide orientation and education for prospective foster parents. When the foster parent applicant attends as part of a group, in addition it is required that each foster parent applicant shall be interviewed individually and at least one visit shall be made to the applicant's home to determine if physical requirements for foster homes are met. The social worker shall interview all household members including related or unrelated persons residing therein. The applicant(s)' children shall participate in the study whenever feasible.

248.007 Method of Evaluation of Prospective Foster Parents (Con't)

II. Individual Method - When the foster parent applicant has not participated in a group orientation and education session, the applicant shall be seen at least three times. Each foster parent applicant shall be interviewed individually and at least one visit shall be made to the applicant's home to determine if physical requirements for foster homes are met. The social worker shall interview all household members including related or unrelated persons residing therein. The applicant(s)' children shall participate in the study whenever feasible.

248.008 Reference Required

Four personal references are required in writing to supplement information obtained through interviews with and observation of the foster parent applicant.

References may be obtained from the applicant's family physician, an individual in the school system attended by applicant(s)' children, employer(s), pastor or priest, and friend or relative.

248.009 Medical Exam Required

The Department requires each applicant to have a medical examination and to furnish the Department with a written statement from a licensed physician regarding his health and any illnesses or disabilities (See Subpart C, Section 248.017).

248.010 Notification of Evaluation Results

The Department shall notify each applicant in writing of the results of the foster home evaluation within 2 weeks after completion of study and applicants who are not approved to become foster parents shall be provided a written explanation.

248.011 Department Personnel as Foster Parents

All applications from Department personnel to become foster parents shall be referred to a private agency for evaluation. The decision of the private agency shall be final.

All approved homes of Department personnel, who wish to be part of the Department's program, shall be placed in the Department's foster home resources file.

248.011 Department Personnel as Foster Parents (Con't)

All placements of children in the homes of Department personnel shall be approved by the Associate Regional Administrator for Social Services and the case record shall be held confidential by the Associate Regional Administrator for Social Services.

No child in a worker's and/or supervisor's caseload shall be placed in the worker's and/or supervisor's home.

When ever possible a child who is being placed with a Department employee should be from a different CSA than the one in which the employee works.

SUBPART C

248.012 Foster Family Composition

It is desirable for the foster home to include two parents, in order to provide maximum opportunities for personality development of the child. Children in the home, including the applicant(s)' own children and other children, shall be taken into account as they may be affected by, or have an effect upon, another child.

Use of a single foster parent (unmarried, separated, divorced or widowed) is acceptable for those children whose need for a two-parent family is not a crucial aspect of the care required. A single parent may be selected when such person can effectively meet the needs of a particular child.

248.013 Number of Children to be Placed in a Home

No more than six foster children under the age of 16 shall be placed in a foster home. It is preferable that a foster home not have more than a total of six children and no more than two children under the age of two and no more than three under the age of five.

With supervisory approval the number of children to be placed in a foster home may exceed the limits suggested in the paragraph above when a sibling group must be placed.

248.014 Age

Age of foster parents shall be considered only as it affects their physical energy, flexibility, and ability to care for a specific child, and in relation to the probable duration of placement of a particular child.

248.015 Religion

Opportunity for religious, spiritual and ethical development shall receive full consideration in placement of a child in a foster home. However, lack of religious faith will not be a bar to consideration of foster parent applicants.

248.016 Economic Status

Foster family income must be stable and sufficient for the maintenance of the family. Reimbursement for the foster child's maintenance is not to be used for the foster family's own expenses.

248.016 Economic Status (Con't)

Management of income shall be considered more important than the amount of income. Families receiving public assistance shall not be excluded for that reason from consideration as foster parents.

248.017 Health

All members of the household shall be free from mental and physical conditions that will adversely affect the physical and emotional growth and development of a foster child or the quality and manner of his/her care.

Foster parent applicants are required to submit information regarding health history, including a written statement from a physician regarding general health, specific illnesses or disabilities and tuberculin and other tests. It should also be determined that other adults or children in the household do not present hazards to a foster child through communicable disease or other illness.

An annual physical examination is desirable for foster parents.

A physical handicap in a foster parent that does not interfere with the ability to give adequate physical care to a foster child will not be a bar to foster parenthood. The meaning of the handicap to the individual shall be evaluated, how it effects his/her personality and whether it may have significance to a specific foster child.

248.018 Employment of Foster Parent(s) Outside Home

In two parent homes it is preferable in most instances, that both foster parents shall not be employed outside the home so that one parent is available for parenting that the child requires. The Department shall make decisions regarding such situations on the basis of what is in the best interest of the child.

When both parents in a two parent home and when single parents are employed it is preferable that the home be used for school age children, and only when there are suitable plans (approved by the Department) for care and supervision of the child after school and during the summer while the parent(s) is (are) at work.

SUBPART D

248.019 Physical Standard

The foster home shall be clean, in good repair, and of sufficient size to accommodate all family members comfortably and to provide adequate privacy. It shall be in an area accessible to educational, religious, medical and recreational facilities and have adequate play space available. The home shall be free from health and safety hazards and shall have adequate light, heat and ventilation.

Physical standards for the foster home shall be set according to individual living standards for the community in which the foster home is located; these standards shall be sufficient to assure a degree of comfort which will provide for the well-being of the family.

248.020 Space Heater

The use of oil burning space heaters is prohibited.

248.021 Well Water

If the water is supplied from a private well the Department shall request the Massachusetts Department of Public Health to make an analysis.

248.022 Lead Paint Poisoning

In homes where children under 6 years are placed, interior and exterior surfaces should be lead free.

Testing for presences of lead paint may be requested of the Massachusetts Department of Public Health - Lead Poisoning Prevention and Control Program.

248.023 Sleeping Arrangements

Bedrooms shall provide at least fifty (50) square feet per child and shall accomodate no more than four (4) children per bedroom. Separate beds must be provided for each child. Children of different sexes, age four and over, must have separate bedrooms. Sharing of rooms should depend upon the ages and individual needs of the children. In situations where the bedroom is a passageway to other rooms, care and consideration shall be given to the age of the child being placed and his/her privacy needs.

248.023 Sleeping Arrangements (Con't)

Unless a medical problem warrants, no child(ren) six months of age or more shall occupy the same room with an adult. Sleeping accommodations for children shall be within call of an adult and children under age four shall be on the same floor with adults except in split level homes where a child under the age of four may be sleeping on the next level.

248.024 Smoke Detectors

It is desirable to have smoke detectors strategically placed in the foster home for the protection of foster children and the foster family.

SUBPART E

248.025 Assessment Process

The process of determining the suitability of a home for foster family care shall include information exchange and assessment of the foster home.

248.026 Information Exchange

Information about the agency and the applicants shall be exchanged so that the applicants can decide whether they are prepared to serve as foster parents and the agency can evaluate whether the home is suitable for placement of children.

Information transmitted by the agency shall cover:

- the charateristics of children served by the agency, including the range of problems and traits shown by children requiring placement. The kinds of parental problems and situations necessitating placement and the varying lengths of time for which children require placement.

- the special problems and feelings children face in their status as foster children, including effects of separation from their own families, anticipated reactions to the foster family, and feelings of being different in school and community. The importance of continuity of care for the child(ren) and of avoiding unnecessary replacements as well as abrupt placements, should a change become necessary.

- the differences between foster family care and adoption applicants. Those whose primary motivation in caring for an unrelated child is adoption should be referred to the Adoption Unit.

- the special characteristics of being a foster parent, and how this differs from natural parenthood in terms of problems and gratification.

- the responsibility of the agency for the children it serves, the agency's goals and objectives and the functions of the social worker in discharging the agency's responsibility. Legislation and other rulings or judicial processing that affect the length of placement and the responsibilities of foster parents.

248.026 Information Exchange (Con't)

-the agency's responsibility for conducting a study of the foster home, and an explanation of what this involves in terms of sharing of information about the family and agency, agency policies and procedures regarding reimbursement rates, provisions for clothing, medical care, education, religious training, with detailed and specific information regarding financial arrangements between agency and foster parents.

Information relative to the family shall include:

-reasons for family's applying for a foster child at this time.

-current relationships within the family, such as marital relationship and parent-child relationships; attitudes and expectations in regard to applicant(s)' own children; problems of children or parents that can affect the foster child differently from applicant(s)' own children.

-relationships outside the family with relatives, friends and other members of the community; education, employment, and patterns of social relationship, including activities, hobbies, social interest, skills or talents; religious observances, affiliations, activities; general social, intellectual and cultural level of the family.

-current functioning in relation to normal everyday living, as well as in relation to stress of crisis; pattern of family's daily life, routine and habits.

-history of the applicant(s)' significant childhood relationships with parents, siblings or other meaningful persons; significant experiences in the history of the applicants including information about separation or loss through death, desertion, divorce and feelings about separation from and return of children to their parents; history of reactions to stress.

-history of experiences with other children and feelings about special problems; feelings, attitudes and expectations in regard to foster parenthood.

248.026 Information Exchange (Con't)

-capacity of husband and wife to share with each other in caring for a foster child and giving proper consideration to feelings of their own children, positive and negative, in arriving at a plan to care for foster children; capacity to absorb the presence of a foster child and their own children's ability to do so without disruption of the family's life; and to accept the foster child's feelings about and relationship with his/her parents, both positive and negative.

-ability to accept parents and to work with the social worker in helping the child to resolve his conflicting feelings about them; ability to work with the agency in attaining it's goals for children.

248.027 Assessment of the Foster Home

As a result of the interviews, an assessment shall be made of the personality makeup of foster parents and the way in which they are likely to perform as foster parents, indicating:

-whether applicants meet the basic requirements of the Agency

-whether applicants have the potential for meeting the needs of children served by the Agency

-whether applicants possess personal charateristics necessary to provide continuity of care throughout the child's need for placement

-whether applicants are capable of relating to natural parent(s) in a helpful way and assisting the foster child in his/her relationship with them

-whether applicants have sufficient flexibility to meet the needs of particular children as these change in the course of placement

-whether applicants can identify with the agency's program and goals, work within its policies, share responsibility appropriately with agency, and use social work assistance and training opportunties as needed.

SUBPART F

248.028 Regular Approval

A regular approval constitutes an approval based on standards as defined in the preceding sections. Homes approved can be designated as regular approval for utilization as recommended by the social worker or as restricted usage to a particular child.

248.029 Interim Approval

In certain circumstances it is desirable to be able to evaluate a potential foster home within a short time frame. A potential foster home may be approved on an interim basis when the criteria for an interim evaluation set out below have been met. Interim approval is allowed only in the following situations:

a. A child, for whom other resources are not immediately available or preferable, has located a home for himself.

b. The social worker has located a home which will take a hard-to-place child for whom other resources are not immediately available or preferable.

c. The natural parents or other caretakers have located a potential foster home for a child.

An interim evaluation shall consist of the following:

a. One home visit where all members of the household are interviewed and evaluated in terms of the strengths of that home in meeting the needs of a particular child and to evaluate the physical environment in terms of the policy.

b. Potential foster parents shall be required to have a medical examination and to furnish the Department with a written statement from a licensed physician regarding his/her health and any illnesses or disabilities.

Upon completion of this study the home may be approved on an interim basis pending completion of evaluation for regular approval. Homes must have an interim or regular approval prior to placement by a social worker or prior to payment in cases where the child is already in the home.

248.029 Interim Approval (Con't)

When a worker becomes aware that a child in the care or custody of the Department has placed himself or herself in an unevaluated home and if the worker determines that the child's health or safety would not be at risk by remaining in the home pending an evaluation the worker may permit the child to remain for a period of up to two weeks during which time the worker shall evaluate and approve the home on an interim or regular basis or disapprove the home and remove the child.

Homes approved on an interim basis must be designated restricted usage for the particular child(ren) for which the home is approved. The home is not available for additional children unless it receives regular approval.

248.030 Foster Homes Shared by the Department and Other Child Placing Agencies

A foster home shall not provide placements for more than one agency at a time without a written agreement delineating the responsibilities of all parties involved. A clear agreement between the two agencies shall be made as to which agency has the primary responsibility for the standards of the home and its future use for other children.

No children shall be placed in the home without the approval of the Agency having primary responsibility. These homes shall be reviewed annually by the Supervisor.

SUBPART G

248.031 Foster Home Re-Evaluations

All approved foster homes shall be re-evaluated on an annual basis to review with each foster parent their experiences in providing foster care during the year. Foster parents shall be notified of the results in writing.

One home visit shall be made to do the re-evaluation of the foster family. Re-evaluation shall include those foster homes used and not used.

The Department shall re-evaluate a foster home upon request of a social worker when a problem has been identified which pertains to the functioning of the foster home.

When the Department determines that a foster home should be closed as a result of re-evaluation the involved foster parents shall be given ten days prior notice in writing of the decision, the reason for the decision and the right to request a review. (See Social Services Policy Manual, Chapter II, Part 249, Subpart C, Pages 1 and 2, Section 249.005 and Section 249.006.)

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CHORE SERVICES
TO FAMILIES AND CHILDREN

I. Authority

The Department of Public Welfare provides chore services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Chore services are provided:

   a. by an individual secured

      1) by the client or

      2) by the social worker, or

   b. by a staff member of an agency from which the Department purchases services on a contracted basis.

2. The applicant shall contact the local social service worker to apply for chore services. After determining eligibility and determining and documenting the need for service in the Social Service Plan and the case record, the social service worker shall arrange for service with the chore person selected or contact the agency providing the service.

3. The client may select a person from the community to perform chore services. This may include a friend, neighbor, or a relative who does not live in the client's home. If necessary the social service worker should make efforts through the the client's family or community contacts to assist the client in finding the proper person to perform approved chores.

B. Purpose of Service

The Department shall provide chore services to enable eligible families to remain in their own homes when parents or other household members are unable to perform various household activities themselves, and the activities do not require the services of a trained and supervised homemaker or other specialist.

III. Definitions

The following words shall have the following meanings herein unless the context requires otherwise:

A. Agency

"Agency" when used alone means an agency which provides chore services to the Department.

B. Chore Services

"Chore Services" means the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable families to remain in their own homes. Service is performed by individuals selected by the client or the social service worker or by staff members of agencies which provide chore services to the Department.

C. Department

"Department" means the Department of Public Welfare when used alone without any other state agency title.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be requested from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means chore services.

F. Worker

"Worker" when used alone means the local Department social service IRF or Generalist worker.

IV. Eligible Groups

Families with children who are current recipients of AFDC are eligible for chore services subject to the conditions and limitations contained in this policy.

V. Service Need Criteria

The worker may authorize provision of service to eligible families and children for the purposes stated in II. B., depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible families and children during temporary absence of the primary caretaker, due to medical or mental hospitalization for in-patient care.
2. Upon discharge from the hospital and during recovery at home of the primary caretaker, the worker may authorize provision of service to eligible families and children.

B. Supportive

The worker may authorize provision of service to eligible families and children when the mother or other primary caretaker is caring for an acutely but temporarily ill child or a child in the terminal stage of a terminal illness who requires constant care, and one or more pre-school aged children live in the home and are not provided day care services, and a chore person is needed to prevent institutionalization of the ill child.

C. Maintenance

The worker may authorize provision of service to eligible families and children when warranted by a temporary or an ongoing serious, emotional, mental, or physical incapacity of the primary caretaker.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for chore services prior to authorizing the service. This is a professional judgment which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion.

A. Determination of Need (cont'd)

The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations described in VIII. B. For instance, if a family member is periodically available after work or after school to perform tasks which the client cannot perform but a chore person might perform, such as doing the client's laundry, a need does not exist during those periods or for the performance of those tasks.

In determining the extent of needs, particularly those which meet the Acute Episode Category of need criteria, the worker shall establish that there are no other resources available and determine that the provision of chore services is a better solution than foster placement of children.

1. Social Diagnosis

To determine the need for chore services, the worker shall make a social diagnosis based on a personal interview with the client by office visit or home visit. In the social diagnosis the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities; the home environment, including the layout of the home and the availability of other people in the home for support; the availability of other formal and informal services; and the purposes of, and criteria of need for, chore services.

2. Medical Opinion

When services are to be provided because of a medical condition, such as hospitalization or an ongoing medical condition, the social service worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical supervision of the client and provide sufficient current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to be provided, as this decision is best made by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

Trans. by Social Services Letter 12

a. Sources of Medical Opinion

Medical opinions may be requested from such current medical supervisors as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical supervision, and medical needs are not being met, the worker shall attempt to obtain such supervision and opinion when it is determined to be needed by requesting a nursing assessment from an appropriate certified home health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing Social Diagnosis Prior to Authorizing Service

a. In those cases where the primary caretaker becomes institutionalized and the need for family care is immediate, the worker may authorize service upon receipt of the request for a period depending upon the needs of the family up to a maximum of two weeks. Within the period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. If service has not been required during institutionalization of the primary caretaker but is required during home recovery due to a change of circumstances at the time of discharge, and the request for service is made on or near the date of discharge, the worker may authorize service upon receipt of the request for a period of two weeks to facilitate discharge. Within that period, and prior to further authorization of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client, or a request for homemaker services from an institution in which the client has been hospitalized, the worker shall document the need for services in the Social Service Plan and in the case record. Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service criteria, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons for Fiscal Reasons

Chore services to Families and Children are provided subject to the availability of funds. Should legislative appropriations for chore services be insufficient to continue the provision of such services

to persons in all of the categories of service need (V.A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that chore services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Chore Services

A. Description

Chore services include the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable families to remain in their own homes.

B. Service Limitations

1. Available Family Member

The worker shall authorize chore services for eligible families and children only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits, but the worker may not authorize provision of service beyond these limits unless an exception is granted by the Associate Regional Administrator for Social Services as described below.

b. Exceptions

The worker may request an exception to time limitations, only up to the limit stated in the Exceptions section of each Category Limit, from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a Category Limit is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission,

3) prevent institutional placement,

4) prevent foster care placement of children,

when none of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception.

An exception may be granted only once in any time period during which a client remains in a service need category.

In no event shall a social worker request or an Associate Regional Administrator for Social Services grant an exception with limits greater than those specifically stated in each category limit below in paragraph c.

The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

c. Category Limits

1) Acute Episode

a) During hospitalization for in-patient care of the primary caretaker, the worker may authorize provision of service up to a maximum of 24 hours per day for a period, depending on the length of hospitalization, up to a maximum of 6 weeks.

Exception: None

b) During recovery at home of the primary caretaker after discharge from the hospital, the worker may authorize provision of service from 1 to 40 hours per week for a maximum of 2 weeks.

Exception: The Associate Regional Administrator may approve provision of service up to 24 hours per day for 1 week and then up to 40 hours per week for the following 4 weeks.

c) If, after the 2 week recovery period or the exception period, further service is required, the worker may authorize provision of service from 1 to 15 hours per week for a period up to a maximum of 4 weeks.

Exception: None

2) Supportive

The worker may authorize provision of service to eligible families and children in this category from 1 to 12 hours per week for a period up to a maximum of 4 weeks.

Exception: The Associate Regional Administrator may approve provision of service up to 40 hours per week for a period up to a maximum of 2 months.

3) Maintenance

The worker may authorize provision of service to eligible families and children in this category from 1 to 12 hours per week.

Trans. by Social Services Letter 12B

Exception: The Associate Regional Administrator may approve provision of service up to 40 hours per week for a period up to a maximum of 3 months.

d. Combinations of Hours and Days Per Week

The worker may authorize provision of service within the above limits in any combination of hours and days per week.

e. Combinations of Homemaker and Chore Services

If the worker authorizes provision of chore services in combination with homemaker services, then the combination of homemaker and chore services is subject to the above limitations.

3. Personal Care

If an eligible client requires personal care the worker shall attempt to have it provided by requesting home health aide services from an appropriate certified home health agency, normally a Visiting Nurse Association, where available.

C. Chore Service Rates

The worker shall authorize payment for chore services purchased from agencies at the hourly rate established by the contract. The worker may authorize payment for chore services purchased from individuals at the prevailing hourly rate in the community, depending on the type of chore involved, up to a maximum of $2.65 per hour, plus transportation costs if transportation is not included in the hourly rate. Public transportation (bus or MBTA) will be used as a first resource. When a car is used, the worker may authorize allowance of up to 12 cents per mile. The supervisor of social services shall aprove transportation costs.

D. Redetermination of Need and Re-Authorization of Service

The worker shall review continued use of the service as provided for in the Social Service Plan, but the worker shall redetermine the need for chore services and re-authorize provision of service no later than every 3 months after initial authorization and each subsequent re-authorization. The worker shall redetermine the client's need for service by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The worker shall reduce the amount of service authorized when the client's need for service diminishes.

HOMEMAKER SERVICES
TO FAMILIES AND CHILDREN

I. Authority

The Department of Public Welfare provides homemaker services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Homemaker services are provided:

    a. By a Department staff member in those areas where such staff exist, or

    b. By a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation of Homemaker Services from which the Department

        1) purchases services on a contracted basis, or

        2) purchases services on a non-contracted basis approved by the Office of Social Services at Central Office.

2. The applicant shall contact the local social service worker to apply for homemaker services. After determining eligibility and establishing and documenting the need for service in the Social Service Plan and in the Case record, the worker shall arrange for the service by contacting the Department homemaker or the agency providing the homemaker. In those service areas where contracts for homemaker services exist, those contracts shall be utilized before non-contracted purchase is used.

B. Purpose of Service

The Department shall provide homemaker services to maintain families in their own homes during times of stress, such as during the temporary absence of the parent or other caretaker relative due to illness, or to improve home management and household functions and skills, or to improve child care in family situations.

III. Definitions

The following words shall have the following meanings herein unless the context requires otherwise:

A. Agency

"Agency" when used above means a voluntary or proprietary agency which

Trans. by Social Services Letter 12

III. Definitions (cont'd)

provides homemaker services to the Department.

B. Department

"Department" means the Department of Public Welfare when used alone, without any other state agency title.

C. Homemaker Services

"Homemaker Services" means care of individuals and help for caretaker relatives in their own homes to achieve adequate household and family management through the services of a trained and supervised homemaker.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be requested from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means homemaker services.

F. Worker

"Worker" when used alone means the local Department social service IRF or Generalist worker.

IV. Eligible Groups

Families with children as defined below are eligible for homemaker services subject to the conditions and limitations contained in this policy:

A. Families with children who are current recipients of AFDC.

B. Families with children who are receiving protective services, as defined in the Service Need Criteria section of this policy, whose incomes exceed the levels which qualify families for AFDC.

V. Service Need Criteria

The worker may authorize provision of services to eligible families and children for the purposes stated in II. B, depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible families and children during temporary absence of the primary caretaker due to medical or mental hospitalization for in-patient care.

2. Upon discharge from the hospital and during recovery at home of the primary caretaker, the worker may authorize provision of service to eligible families and children.

B. Protective: Serious Abuse and Neglect

The worker may authorize provision of service to eligible families and children if children have been determined to be in need of protective services in accordance with social services Letter 1, that is, children for whom a form CW - 3C has been filed, an investigation has been completed, and determination has been made that there is reasonable cause to believe that the child is in need of social services because the child's physical or mental health or welfare is harmed or threatened with harm through serious physical or emotional injury resulting from abuse inflicted upon the child including sexual abuse, or a serious physical or emotional injury resulting from neglect, including malnutrition, or physical dependency of the child upon an addictive drug at birth. Homemaker services are available to these families without regard to income.

C. Supportive

The worker may authorize provision of service to eligible families and children when the mother or other primary caretaker is caring for an acutely but temporarily ill child or a child in the terminal stage of a terminal illness who requires constant care, and one or more pre-school aged children live in the home and are not provided day care services, and a homemaker is needed to prevent institutionalization of the ill child.

D. Maintenance

The worker may authorize provision of service to eligible families and children when waranted by a temporary or an ongoing serious emotional, mental, or physical incapacity of the primary caretaker.

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I. AUTHORIZATION

These regulations are promulgated under the authority of Section 2, Chapter 18 of the General Laws.

II. INTRODUCTION

Day care services, through a comprehensive and coordinated set of activities, provide direct care and protection, and a physically, socially, emotionally, and intellectually developmental experience for infants, toddlers, pre-school, and school-age children, outside their own homes during any portion of a 24-hour day on a regular basis. Activities include social diagnosis, evaluation and assessment, cognitive development, directed individual and group social activities, transportation as needed, educational and nutritional services, and incidental health services such as first-aid and referral to health care, and involve parent participation. Services are provided by day care centers for infants, toddlers, pre-school, and school-age children and family day care homes (independent and system-affiliated).

It is the responsibility of the Department to provide consultation and assistance to the parents in making the decision as to which types of care will be used. The day care service selected must be in compliance with the Department's policy of using those licensed, registered, or approved facilities which are proximate to the child's own home or the parent's place of employment or training.

In addition, the Department should insure that the quantity of day care services adequately meets but is not excessive of the family's requirement for such services. When full-day or full-week arrangements are not necessary, consideration should be given to part-time arrangements. The final decision as to time must be weighed against the type of day care provided and the transportation schedules involved.

Day care services for direct care and protection may be provided by a babysitter in the child's own home, subject to the policy and standards of the Department.

Day care services must be directed toward one of the three day care-related goals in the Title XX regulations. These goals are:

- Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency.

- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.

- Preventing or remedying neglect, abuse, or exploitation of children unable to protect their own interests, or preserving, rehabilitating, or reuniting families.

III. DAY CARE DEFINITIONS

The terms used in this policy are defined as follows:

Babysitter - a person who provides in-home care.

Caregiver - a person or facility providing child care services.

Child, children - a person or persons through the age of 14.

CSA - Community Service Area

Contracted day care - day care services purchased on a group basis through contracts with day care facilities.

Day care center - a facility providing child care services to 7 or more children.

Department - The Department of Public Welfare.

Family - two or more persons related by blood, marriage (including common law), or adoption and residency in the same household.

Family day care - child care services provided to a child in a home other than his own.

Family day care home - a registered or approved home where family day care services are provided.

Family day care system - two or more registered family day care homes administered by a central agency.

Group day care home - an extended or modified private residence providing care for children age 7 - 14.

Individual purchase - day care services purchased on an individual basis from babysitters and independent family day care homes.

Infant - a child age 0 through 15 months.

In-home-care - the provision of care to a child by a babysitter in the child's own home during a portion of a 24 hour day.

Out-of-home - the provision of care to a child in a facility other than the home of the child.

Pre-schooler - a child age 2 years, 9 months through 6 years (or age of full-time school entry.

Provider - an agency or individual giving direct care, supervision and guidance to children.

Relative - any of the following relationships by marriage, blood or adoption: parent; grandparent; brother; sister; step-sister; step-brother; step-parent; uncle; aunt; cousin.

School-age child - a child age 6 (or age of full-time school entry) through 14 years.

Toddler - a child age 15 months through 2 years, 9 months.

WSO - Welfare Service Office.

IV. FINANCIAL ELIGIBILITY CRITERIA

Financial eligibility for day care services is limited to the following categories defined in the Title XX Services Plan:

A. Current recipients of:

  1. AFDC (Aid to Families with Dependent Children)

  2. SSI-DA (Supplemental Security Income for the Disabled)

B. Income Eligible Families whose gross income does not exceed the following levels.

C. Families whose income exceeds the following levels who are receiving protective services as defined in the Service Need Criteria section of this policy.

GROSS INCOME CUT-OFF POINTS

Family Size	Annual	Payroll Period 4 weeks	Weekly
2	$ 7,300	$ 562	$141
3	8,800	677	170
4	9,900	762	191
5	10,900	838	210
6	11,900	915	229
7+	13,000	1,000	250

Income eligibility must be verified and documented in accordance with Federal and State Regulations before services can be authorized.

V. SERVICE NEED CRITERIA

With equal consideration of need, day care services may be made available:

A. To children who are receiving protective services; i.e., children for whom a form CW-C3 as required under Chapter 51A of the General Laws has been filed, an investigation has been completed, and reasonable cause has been determinated that the child is in need of social services because the child's physical or mental health or welfare is harmed or threatened with harm through serious physical or emotional injury resulting from abuse inflicted upon the child including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependency of a child upon an addictive drug at birth. Referral to day care services shall only be made by a Department worker as part of a comprehensive service plan.

B. When in the determination of the Department or facility designated to so determine, services are necessary due to the documented physical or mental incapacity of the caretaker parent or parents if there is no other family member living in the household able to provide proper care.

C. When day care services are necessary to maintain the client's participation in the Work Incentive Program.

D. When services are necessary for the parent or parents to start or continue employment if, in the determination of the Department or facility designated to so determine, there is no other family member living in the household able to provide proper care.

E. When services are necessary for the parent or parents to participate in an employment training program only as defined below if, in the determination of the Department or facility designated to so determine, there is no other family member living in the household able to provide proper care.

1. Full-time high school or high school equivalency program.
2. Full-time vocational training in which the client will gain a specific skill in order to become more employable.
3. Full-time education in an accredited college or university not to exceed four years.

    a. for an Associates or Bachelor's degree

    b. when the particular program of study is employment directed.

F. When in the determination of the Department or facility designated to so determine, services are necessary for a child who has been professionally diagnosed as being physically, emotionally or intellectually disabled, but only when these services are not within the jurisdiction of another agency including the Department of Mental Health, the Department of Public Health, or the Division of Special Education.

G. When services are necessary in order to permit a client to keep a scheduled Project Good Health appointment for screening, diagnosis or treatment and, after discussion with the client, it is determined by the Department that:

1. There is no other family member living in the household and no neighbors or friends who will provide care without cost to the Department, or

2. The ages of the children, the size of the family or the physical condition of a child or children prevents them from accompanying the parent to the PGH appointment.

VI. TERMINATION OF SERVICES TO CATEGORIES OF PERSONS FOR FISCAL REASONS

Day care services to families and children are provided subject to the availability of funds. Should legislative appropriations for day care services be insufficient to continue the provision of such services to persons in all of the categories of service need (Section V, A-G) or to all categories of eligible persons as defined by Section IV, the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that day care services be terminated to persons within a particular category and/or no new applications be taken within a particular category or categories.

Trans. by Social Services Letter 18A

VII. IN-HOME-CARE

A. Description

In-home care is utilized when day care centers or family day care settings are not available or when such placement is considered inappropriate for a specific child or sibling group. It is most appropriate for clients in categories B, C and D of the Service Need Criteria (Section V). The babysitter is hired by the client. The client is responsible for assuring that the babysitter meets the minimum babysitter standards of the Depart- of Public Welfare.

B. Limitations of Service

1. Time Limitation

In-home care shall not be authorized for more than 10 hours per day. In addition, in-home care shall not be authorized for more than 20 hours per week, except in the following circumstances:

(a) The child for whom care is provided or at least one child in the sibling group is an infant or toddler.

(b) The child for whom care is to be provided or at least one child in the sibling group is handicapped.

(c) The care must be provided during the evening hours or for a portion of the weekend.

2. Waiver of Time Limitation

The above requirements can be waived if the applicant can show good cause. Good cause may be described, but not limited to the following:

(a) Lack of any group or family day care in the geographic area.

(b) The period of care does not exceed 30 days.

The director of the CSA/WSO shall be responsible for authorizing a waiver, when the client requests such waiver. A copy of the waiver must be filed with the Day Care Unit, Central Office.

Regardless of the above, the referring social worker shall encourage the client to use family day care if such is available in the neighborhood of the client.

3. Number of Children in Care

A babysitter shall provide care for any number of children in a sibling group with the following constraints: if the babysitter's own child or children accompany her to a job, no more than six (6) children (age 3 through 14 years) shall be cared for, including the babysitter's own children; (no more than five (5) children when the age range is infancy through 14 years); the babysitter shall be reimbursed only for care to the sibling group residing in the home.

4. Prohibition of Serial Sitting

No more than one sitter shall be approved to provide care to a sibling group under one service plan. Thus, siblings should not have one sitter in the morning and another in the afternoon. However, in-home care may be authorized as an adjunct to other day care services.

5. Exclusion of Relatives as Sitters

No approval for payment shall be given to relatives living in the home of the family requesting care. No parent shall be approved for funding for care to his or her child or children even if the parent is living away from the home of the child or children. Other relatives approved to provide care who are living outside the home where care is to be provided must comply with the standards and must follow all required procedures.

6. Authorization/Reauthorization Limit of Time

Initial authorizations and reauthorizations for service in excess of 20 hours, should be made with consideration of age changes and service availability changes expected within the community in determining the period of authorization.

C. Client Responsibility

The Department social worker authorizing babysitting services shall provide the client with a Client-Sitter Package, which includes the following sections; "Sitting Safely" for use by the babysitter; "How Well do you Choose Your Babysitter?", for information to the client; a copy of the standards for babysitter and an In-home Information Form.

Instruction for use of the Client-Sitter Package is located at the front of the package. The In-home Information Form must be completed by the babysitter and returned to the Department within ten (10) days after care begins. If this is not done no vendor number can be issued, and authorization will not be completed. The form shall be returned to the SSIS clerk in the SSIS/WSO office handling the authorization. The SSIS clerk shall use information on this form to complete the ADM-9, and forward the form to the Day Care Unit - Central Office.

D. Fee

The Department shall reimburse the babysitter on behalf of the employer-client at the amount of $0.55 per child per hour.

E. Monitoring

In-home care arrangements shall be monitored on a sample basis by the Day Care Unit - Central Office.

VIII. OUT-OF-HOME CARE

A. Description

Out-of-home care is the provision of direct care and protection, and physical, emotional, intellectual, and social developmental services for children for a substantial part of the day, usually in a community-based facility.

1. Family Day Care

a. Family Day Care Home

Family day care is provided to a child in the home of another family. It is most appropriate for children who are under three years of age, sibling groups, or children needing out-of-school care. Family day care can be rendered independently, or it can be provided in a system of homes (see below). A family day care home shall service no more than six children, and no more than five when the age range is infancy through six including the family day care mother's own children under 15, who are present in the home for three hours or more each day during the period when care is provided. The Department must insure that all homes used by the Department are registered with the Office For Children or approved as meeting such standards.

b. Family Day Care System

A family day care system is comprised of two or more licensed family day care homes administered by a central agency. Such a system offers coordinated intake and placement, centralized fiscal control, on-going training and evaluation, social services, nutrition and health services, and other supportive services.

2. Pre-School Day Care Centers

Pre-school day care centers serve children from two years six months of age to full-time school entry in a licensed facility. It utilizes subgrouping on the basis of age and developmental needs but provides the opportunity for the experimentation and learning that accompanies a mixing of ages. Pre-school day care activities focus on the child's physical, social, emotional, and intellectual development through the use of structured group and individual programs. Federal Interagency Day Care Requirements mandate a staff-child ratio Of 1: 5 for children ages 3-4 in groups no larger than 15 children, and 1:7 for children ages 5-6 in groups no larger than 20 children.

3. Infant and Toddler Day Care Center

The infant and toddler day care center serves children ages six weeks to two years six months in a nonresidential setting. The care available approximates the mothering in the family home. Staff-child ratios are 1:1 for children under 6 weeks, 1:4 for children 6 weeks - 36 months. Where state regulations require fewer children per staff person, regulations shall apply.

4. Day Care Centers For School-Age Children

The day care center for school-age children provides services to children from full-time school entry through fourteen years. Services are provided for the hours after school until the parent or caretaker returns home, and full-day during school vacations. The center may provide before-school care if the principal caretaker has to leave home early. Activities that are recreational, tutorial, and extra-curricular may be provided in this setting. Staff-child ratios are 1:15 for children ages 7-10 and 1:20 for children ages 10-14. Day camps are a specialized type of center for school-age children usually limited to summer months.

5. Mixed Systems

This combines two or more types of care described above. It has the value of providing a central intake system that can place a child in the most appropriate setting.

B. Methods of Purchase

1. Contracted Day Care

It is the policy of the Department to purchase day care services for families with children who are eligible for such services through contractual arrangements with licensed day care providers throughout the Commonwealth. Services are purchased depending on the need for day care services in a particular geographic area; quality of service offered; availability of funds; and the recommendations of the local Office for Children Council, the Day Care Unit, and the Associate Regional Administrators for Social Services. Day care services may be purchased from the following types of service providers:

(a) licensed day care centers for infants, toddlers and pre-school age children

(b) day care centers for school-age children

(c) family day care systems

(d) group day care homes (when available) which are in compliance with Department standards

(e) mixed systems

2. Individual Purchase of Services - Vendor Payment System

Day care services for eligible clients may be purchased on an individual basis through the WSO's and CSA's. These services are limited to independent family day care homes, when registered by the Office for Children, and in-home care arrangements (see Section VII).

All approvals for these services must be signed by the welfare office supervisor.

The social worker must notify the child care provider in writing before authorization for a placement is withdrawn for any reason, even temporarily, e.g., during a parent's vacation. (The parent should notify the social worker in advance of anticipated extended absences, e.g., vacation, hospitalization.) It is the responsibility of the Department, not the client, to notify the provider of withdrawal of authorization.

3. Authority for the Determination of Eligibility

The decision as to eligibility for day care services rests with the Department social worker or the agency delegated by reason of contract.

4. Authorization to New Applicants

New application authorization for day care services in day care centers or family day care systems shall be limited to organizations or agencies that have executed a contract with the Department.

C. Licensing and Standards

1. Licensing Requirements as a Condition For Purchase

The Department shall purchase services only from those day care agencies or providers which:

(a) are in compliance with the Federal Interagency Day Care Requirements,

(b) (i) have an effective license or registration certificate, or

(ii) are approved as meeting licensing standards if a license is not required.

Infant, toddler and pre-school day care centers and family care systems are required by law to be licensed and independent family day care homes must be registered. Under the provisions of Chapter 28A of the General Laws, the responsibility to set standards for, register, and license day care facilities is vested in the Office for Children.

2. Exceptions to Licensing Requirements for Day Care Centers

In addition to licensing regulations established by the Office

for Children, day care centers must comply with all applicable local ordinances and standards. The Office for Children will not license day care centers which operate:

(a) as part of a public school system

(b) as part of a private school serving children up to and including third grade

(c) as a cooperative arrangement among neighbors or relatives where there are no hired personnel and participating parents share the responsibilities of providing care.

However, the Department must approve day care centers which fall within these categories when they are being used by the Department for the provision of day care services.

3. Exceptions to Registration Requirements for Family Day Care Homes

The Office for Children shall not license, and the Department must approve family day care homes which it uses that provide care given on an occasional rather than a regular basis.

(a) care occurring not more than once within a two-week period. (time limit indefinite)

(b) care (non-residential) which terminates not more than 60 days from the initial day of placement.

Provisions for these exceptions is made in Chapter 28A, the Act establishing the Office for Children. The Office for Children is responsible for evaluating all licensable family day care homes and issuing all licenses to homes which meet licensing standards.

Family day care homes which must be registered shall be referred directly to the Office for Children.

In situations where family day care homes are not subject to registration under the Office for Children definitions, the social worker making the child care arrangement at the WSO is responsible for approving the arrangement. The local social worker must notify family day care mothers that registration may be required.

4. Expiration and Renewal

The purchase of day care services by the Department requires that day care centers and family day care homes have a valid license issued by the Office for Children. The Department will not contract or purchase service from an agency without a valid license.

The existence of a license is determined by the Office for Children in accordance with its rules, regulations, policies and procedures. It is the policy of that Office to consider a timely application for renewal of a license to have the effect of continuing the existing license until such application is acted upon.

If a license renewal is denied, or if a license is suspended or revoked, no payment shall be made from the date of expiration, suspension or revocation. If a contract is involved, it shall be deemed null and void, and the day care provider must make alternative arrangements to serve Department clients. It is the responsibility of the day care provider to make arrangements with the Office for Children sufficiently in advance to facilitate prompt license renewal.

5. Standards

The Department will not purchase day care services from providers who are not licensed, registered, or approved as meeting established standards. In addition, all day care centers must be in compliance with Federal Interagency Day Care Requirements.

A day care program under contract with the Department must comply with all provisions of the contract (purchase agreement). In addition, the Department has prepared programmatic evaluation standards independent of licensing regulations. All day care centers serving children funded by the Department will be evaluated by the Department and must meet those criteria.

D. Medical Requirements

All children, prior to their enrollment in any day care program, must receive a comprehensive health examination in accordance with regulations set by the Federal Interagency Day Care Requirements and Departmental guidelines. Further, the day care program

should direct efforts towards securing a continuing source of medical care services.

The 1967 Amendments to Title XIX of the Social Security Act require the Department to provide certain minimal services to all Medicaid-eligible clients from 0-21 years. These services comprise the Early and Periodic Screening - Diagnosis and Treatment Program (EPSDT).

The Department has contracted with medical providers to provide such health care to Medicaid-eligible children. It is the responsibility of the Central Office Purchase of Service Unit of the Department to give day care providers and every WSO/CSA lists of EPSDT providers with whom the Department's Medical Assistance Unit has contracted. When an approved provider of EPSDT is available in the area that provider must be used as a first resource to provide these services to Medicaid-eligible day care clients. When an approved provider of EPSDT is not available, comprehensive health examinations should be completed by the physician of choice.

E. Transportation

Transportation is often a necessary adjunct to day care center services, as such programs cannot always be located within walking distance of the family requiring the service. The Office for Children licensing regulations specify that no child shall travel more than 45 minutes each way to a day care facility. Therefore, the Department cannot generally authorize placement in a day care center which would require more than 45 minutes transportation each way. Transportation is usually provided by day care centers which serve a wide geographic area, and is part of the center rate. No money for transportation can be approved unless it is incorporated as part of the rate and conforms to regulation 14 CHSR503 of the rate setting commission.

F. Fee Schedule

1. Independent (not under a family day care system) Family Day Care Homes:

Child care services may be provided in the home of a registered family day care provider within the community. The fee paid a family day care provider is $.55 per hour per child.

2. Day Care Centers:

Day care center rates must be approved by the State Rate Setting Commission in accordance with the provisions of Regulation 14 CHSR 503. The agency must certify that the rate being charged the Department does not exceed the rate being paid by the general public, other governmental agencies or other units of the Department for the same care and service.

3. Family Day Care Systems:

Family day care system rates must be approved by the State Rate Setting Commission in accordance with the provisions of Regulation 14 CHSR 502. This rate shall include the cost of the payment to the family day care parent and support services and administration.

IX. SANCTIONS

A. Purchase of Service Agreements or Service Authorizations Violations

1. A provider holding a Purchase of Service Agreement found to be out of compliance with one or more terms of the Agreement shall be notified by the Department to correct the deficiency or dificiencies.

2. A provider delivering child care services to authorized children and found to be out of compliance with registration requirements of Office for Children or Department standards or regulations shall be notified by the Department to correct the deficiency or deficiencies.

3. Notification of a deficiency shall be sent by registered mail.

4. Up to 30 days shall be allowed to correct a deficiency.

B. Termination of a Purchase Agreement (contract) or Authorization

1. A Purchase Agreement shall be terminated or authorization of service for a caregiver terminated if:

   (a) The provider fails to correct a deficiency within the allotted time allowed.

(b) The provider makes false or misleading statements.

(c) The provider refuses to submit required reports or records.

(d) The provider refuses to admit any employee of the Department authorized to monitor, evaluate, or audit the services being provided.

2. Termination shall be effective 30 days after notification.

3. The Department shall notify all families of children being cared for in a terminated program and shall make plans for alternative care placement within the 30 days.

4. A Purchase Agreement shall be immediately terminated or authorization of service for a caregiver immediately terminated if:

   (a) The provider's license or registration has been revoked by the Office for Children.

   (b) The provider's license has been denied by the Office for Children.

   (c) The provider has violated a regulation or standard that results in an emergency situation that endangers the life, health or safety of the children under care.

5. The Department shall make immediate efforts to locate alternative care placement for the children affected by the termination.

C. Reporting of Termination to Day Care Unit

All terminations for reasons of deficiency or violation shall be reported to the Director of Day Care within 48 hours of the issuance of notification.

Trans. by Social Services Letter 11

APPENDIX A

STANDARDS FOR IN-HOME CARE

I. QUALIFICATIONS OF A BABYSITTER

A. Age

Sitters shall be considered on an individual basis in relationship to the age of the children under care. For infants and young children, a mature persons with experience should be considered. The Department shall not authorize care provided by babysitters under the age of 16 years. Sitters age 16-18 years may not be approved to care for children age six weeks to 2½ years, and age 12 years through 14 years.

B. Personal Qualifications

The person providing in-home care should demonstrate experience in caring for children. Experience as a parent or as a sitter is acceptable. The person should be warm and understanding, and be able to deal positively with differences in children's personalities and abilities. The person should not have a history of child neglect or abuse, nor be known as a habitual user of alcohol or drugs.

C. Health

The babysitter should be physically and mentally capable of performing the tasks involved in the care of children, and must be free of contagious diseases, heart problems or emotional disorder. Good eyesight and hearing are essential. It is required by Federal Regulation that a babysitter have yearly physical examinations. Within 30 days of the start of care the babysitter must send a copy of a report of physical examination to the Day Care Unit, Central Office, Department of Public Welfare, 600 Washington St., Boston 02111. Failure to do so may result in termination of authorization.

No medication must be given without the consent of the parent.

D. Cooperation

The sitter must be willing to share significant information and cooperate with the parent and social worker and must be willing to participate in any training or educational program recommended or sponsored by the Department to assist in providing the most suitable care possible to the children for whom the sitter is responsible.

APPENDIX A (cont'd)

E. Record Keeping

The sitter must be willing to maintain whatever records are deemed necessary. Such records include but are not limited to; hours served, illness reports, medical statements, and child activity records.

F. General Information

The babysitter must have the telephone number of the parent(s) in the event of the need for immediate contact.

The telephone numbers of the police and fire departments must be readily available.

The special needs of the child must be known, viz., allergies, food likes and dislikes, handicaps, etc.

If a telephone is not available in the home where care is provided, an available nearby phone should be identified.

G. Death or Injury

Every provider shall immediately report to the Department's Day Care Unit, Central Office, 600 Washington St., Boston 02111, the death, injury or hospitalization of any child which occurs while the child is in care, and shall send a written report within forty-eight (48) hours of such death, injury or hospitalization.

H. Flexibility

The babysitter must be able to adjust to the standards and routine of the family and follow as closely as possible the daily activities to which the children are accustomed. A sitter should be able to give individual attention to each child. The attitude of the family and the wishes of the parents in terms of discipline, and punishment and recreation should be clearly understood. However, no corporal punishment may be administered. The privacy and rights of the family must be respected.

II. DUTIES OF PERSON PROVIDING IN-HOME CARE

A. General Care

The sitter's primary duty and responsibility is the care and well-being of the children. Such duties include but are not limited to:

APPENDIX A (cont'd)

1. Supervision of personal hygiene (diapering, washing, provision of proper clothing).
2. Supervision of play activities.
3. Supervision of napping and nutritional intake.

In addition, the sitter must be willing to perform light housekeeping tasks essential to the care and comfort of the children, such as preparing well-balanced meals and after school snacks.

B. Health Care Responsibility of the Babysitter to the Child

The sitter must be alert to illnesses of children and in the case of minor illness provide simple bedside care. The name of the family physician and signed permission of the parent to have a child treated by a licensed physician in case of an emergency, must be readily available.

IN HOME CARE INFORMATION FORM

Babysitter Name: ____
(last) (first) (middle initial)

Address: ____
(no.) (street) (city) (state) (zip)

Social Security No.: ____________ Telephone ____________ Birthdate: ____________

Are you related to client? Yes ___ No ___. If yes, how are you related? ____________

CLIENT INFORMATION

Client's Name ____

Address ____

Name(s) and Age(s) of Child(ren) to be care for:

INSTRUCTIONS: In filling out the following questions, use as much first-hand information as possible.

(1) Do you have an children of your own? _______ If yes, list name and birthdate of each. ____

(2) Have you ever provided child care on a regular basis before? ________ If yes describe the type of care (babysitting, day care, teaching, etc.): length of care and reason for termination of such care: ______________________________

(3) How do you discipline children? ______________________________

(4) Describe the type of activities you would plan for children during a typical day of babysitting. ______________________________

(5) Describe typical meals and snacks for a day of care which you would prepare.

(6) How would you handle a child who becomes ill during a day under your care?

(7) Describe the procedure you would follow is case of:

(a) Fire: ______________________________

(b) Medical Emergency ______________________________

(8) Have you reviewed Department requirements for babysitting? ____ Have you reviewed the material entitled "Sitting Safely"? ________

(9) Date of last physical examination ________

Signiture of Babysitter ______________________________

Date signed ______________________________

Chapter II

CHORE SERVICES
TO FAMILIES AND CHILDREN

I. Authority

The Department of Public Welfare provides chore services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Chore services are provided:

   a. by an individual secured

      1) by the client or

      2) by the social worker, or

   b. by a staff member of an agency from which the Department

      1) purchases services on a contracted basis or

      2) purchases services on a non-contracted basis approved by the Office of Social Services at Central Office.

2. The applicant shall contact the local social service worker to apply for chore services. After determining eligibility and determining and documenting the need for service in the Social Service Plan and the case record, the social service worker shall arrange for service with the chore person selected or contact the agency providing the service.

3. The client may select a person from the community to perform chore services. This may include a friend, neighbor, or a relative who does not live in the client's home. If necessary the social service worker should make efforts through the client's family or community contacts to assist the client in finding the proper person to perform approved chores. Consideration of the chore involved will determine the appropriate person to be employed.

B. Purpose of Service

The Department shall provide chore services to enable eligible families to remain in their own homes when parents or other household members are unable to perform various household activities themselves, and the activities do not require the services of a trained and supervised homemaker or other specialist.

needed health services, and assist clients in referrals to appropriate medical and clinical facilities when necessary. Consultation may be obtained from the Department's Medical Unit and members of its consultant staff. The worker may not authorize payment for any medical services on a non-contracted basis. Payment of the cost of medical care is handled through Title XIX program in accordance with the Department's established procedures for Medicaid vendor payments. When unusual medical services not covered on the Medicaid fee schedule are required, prior approval must be obtained from the regional Medical Assistance Program Advisor or the Medical Unit's Medical Review Team.

Where Department contracts exist for medical screening, diagnosis, evaluation, and other incidental medical services, the worker may use these contracts as resources for clients in accordance with the eligibility criteria stipulated in the contracts.

The Department assumes responsibility for the medical care of children in its custody (i.e., children who have been taken into the custody of the Department in accordance with the provisions of Chapter 119 of the General Laws of the Commonwealth). Authorization of the provision of medical services and payment for such services for children in the Department's custody shall be done in accordance with the Department's policy regarding medical care for children in the child welfare program in the Child Welfare Policy Manual.

Project Good Health

A. Objective

The objectives of Project Good Health are to insure early detection and treatment of health problems before they become chronic or irreversible, or both, to create an awareness of existing health care services, and to encourage the routine use of these services. The focus of the program is to provide preventive as well as corrective health care services. The social worker should stress that both types of services are equally available.

B. Persons Eligible & Services Provided

For children in the care and custody of the Department, the social worker shall provide informational pamphlets describing the health care services available and access to listings of resources providing such health care services.

The social worker shall also provide supportive counseling to and in behalf of MA-eligible clients under 21 years of age referred by Assistance Payments as having difficulty identifying health needs or in utilizing needed health care services. If requested, the social worker will also provide assistance in finding a doctor, dentist or clinic, arrange appointments and arrange transportation. (Transportation will only be provided in accordance with the standards in Chapter VII, Sections Q of the PA Policy Manual).

Services available through Project Good Health are described in Chapter VII, Section V, Part I of the PA Policy Manual.

C. Documentation

If above defined eligible persons express an interest in participating in the PGH program the social worker shall complete the PGH-21 form. The original PGH-21 form will become part of the client's case record & will be updated as necessary. A copy of the form will be sent to the PGH specialist. When the client requests a referral for health care services, the Department shall be responsible for assuring that the services are provided no later than 60 days from the date of the request. The follow-up activity related to this time limitation shall be the responsibility of the Project Good Health specialists who are located in each of the Department's Community Service Area (CSA) offices and who are under the administrative supervision of the CSA Director and program direction of the Medical Division.

needs, assist clients in obtaining and utilizing needed health services, and assist clients in referrals to appropriate medical and clinical facilities when necessary. Consultation may be obtained from the Department's Medical Unit and members of its consultant staff. The worker may not authorize payment for any medical services on a non-contracted basis. Payment of the cost of medical care is handled through the Title XIX program in accordance with the Department's established procedures for Medicaid vendor payments. When unusual medical services not covered on the Medicaid fee schedule are required, prior approval must be obtained from the regional Medical Assistance Program Advisor or the Medical Unit's Medical Review Team.

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days from the date of the request. The follow-up activity related to this time limitation shall be the responsibility of the Project Good Health specialists who are located in each of the Department's Community Service Area (CSA) offices and who are under the administrative supervision of the CSA Director and program direction of the Medical Division.

ORM PGH-21

COMMONWEALTH OF MASSACHUSETTS
Department of Public Welfare

PROJECT GOOD HEALTH

ASE NAME: ______________________________ PHONE: ____________
(Last) (First) (Middle)

DDRESS: ____
(Street) (City) (State) (Zip Code)

YPE OF CONTACT/DATE	/SIGNATURE- Update as Necessary	ELIGIBLE HOUSEHOLD MEMBERS UNDER 21 YEARS OF AGE		
ONTACT CODES	CODE/DATE/SIGNATURE	NAME: Last, First, Middle	D.O.B.	DEP. NO.
Application	1.	1.		
	2.	2.		
	3.	3.		
Reapplication	4.	4.		
	5.	5.		
	6.	6.		
Redetermination	7.	7.		
	8.	8.		
	9.	9.		
Interim Contact	10.	10.		

CONTACT: IN PERSON ☐ OR BY OTHER MEANS ☐ (PHONE, MAIL ETC.) CHECK ONE

DUTY TO INFORM YES/NO

Client has been informed, in writing of the availability of PGH ______

Client has been informed, in writing of the types of services PGH offers ______

Client has been informed as to where services may be obtained ______

Client has been informed as to how services may be obtained ______

If written material is inappropriate for this case, have other arrangements been made to satisfy duties 1, 2, 3, 4? ______

If you have answered "NO" to any of the above questions, state the reason below...

ASSISTANCE REQUESTED YES/NO/COMPLETE

1. Client has been provided with name of physician, health center, or dentist ______
2. Name of physician/health center ______
3. Name of dentist ______
4. Appointment has been made with* physician/health center ______
5. Name of physician/health center ______
6. Date of appointment ______
7. Appointment made with dentist* ______
8. Name of Dentist ______
9. Date of appointment ______
10. Special medical transportation required and authorized ______
11. If you have answered "NO" to any of the above questions, or have not filled in a blank, state reason below...

* Date of appointment should be within 60 days of contact.

DETERMINATION OF HEALTH CARE STATUS (TO BE COMPLETED UPON INITIAL CONTACT):

DEP. NO.	Receives medical examinations on a regular basis (yes or no)	Date of last medical examination	Receives dental care on a regular basis (yes or no)	Date of last dental examination	Name of physician or health center	Name of dentist or dental clinic

APPLICANT/RECIPIENT:

I have been informed about PGH and have no objections to signing this form.

signature of applicant/recipient date

ASSISTANCE PAYMENTS WORKER:

I have informed applicant/recipient of PGH and encouraged the use of PGH services.

signature of AP worker date

THE FOLLOWING SPACES ARE INTENDED FOR SUBSEQUENT NARRATIVE SUMMARIES OF (1) HEALTH CARE RECORD UPDATES (EXAMINATIONS, DATES, LOCATIONS, DOCTORS/CLINICS), (2) SERVICES REQUESTED AND RECEIVED (INCLUDING MEDICAL TRANSPORTATION), AND (3) ANY ADDITIONAL PERTINENT COMMENT.

1st Update:

Completed by:
Title:
Date:

2nd Update:

Completed by:
Title:
Date:

3rd Update:

Completed by:
Title:
Date:

For cases with signifcant changes, fill out a new PGH-21 (omit unchanged sections)and attac to original. DISTRIBUTION: Original-to case folder, one copy-to PGH Specialist, a second copy-to Social Services with a completed health-related SOC-7 form.

I. DEFINITION

Homemaker services provide care of individuals in their own homes and help to individual caretaker relatives to achieve adequate household and family management through the services of a trained and supervised homemaker.

Homemaker services may be provided during times of stress such as the temporary absence of the caretaker, e.g., parent or other relative, due to illness, or to improve home management and household skills as well as to improve child care in family situations. Homemaker services include, but are not limited to: care and supervision of children and adults; non-medical care of an ill or disabled family member; routine light housekeeping including light laundry; planning, preparation and serving of meals; and instruction in homemaking, household skills, and child care.

II. ELIGIBILITY

Homemaker services are available to families who are current applicants for or recipients of AFDC; to families with children determined to be in need of social services because of serious physical or emotional injury resulting from abuse inflicted upon the child including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependency of the child upon an addictive drug at birth; and to current, former and potential recipients of AFDC who need homemaker services due to the death, absence, or physical or mental incapacity of the child's mother and the inability of any other family member living in the household to provide proper care for children, including homemaker services which are necessary to prevent the neglect or abuse of a child as a result of home conditions which seriously threaten the child physically or emotionally.

Eligibility of individuals in these groups for homemaker services is also contingent upon a social or medical diagnosis confirming the need for the service, and authorization of the service can be approved only after consultation between the social service worker and the social service supervisor. In those cases in which a person requests 20 or more hours of homemaker service per week, eligibility for the service shall be established through a social diagnosis and, when the social service worker determines that the client's need for homemaker service arises from a medical condition, a medical diagnosis confirming the need for services to supplement the social diagnosis. A social diagnosis shall be based on a personal interview with the client through office visit or home visit. In the social diagnosis, the client's emotional, physical, and medical needs shall be considered in the con-

HOMEMAKER SERVICES
TO FAMILIES AND CHILDREN

I. Authority

The Department of Public Welfare provides homemaker services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Homemaker services are provided:

   a. By a Department staff member in those areas where such staff exist, or

   b. By a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation of Homemaker Services from which the Department purchases services on a contracted basis. No client will receive homemaker services from an agency which does not contract with the Department.

2. The client shall contact the local social worker to apply for homemaker services. After determining eligibility and establishing and documenting the need for service in the Social Service Plan and in the Case record, the worker shall arrange for the service by contacting the Department homemaker or the agency providing the homemaker.

3. If no homemaker agency can provide the service requested, the worker shall place the client on a waiting list.

B. Purpose of Service

The Department shall provide homemaker services to maintain families in their own homes during times of stress, such as during the temporary absence of the parent or other caretaker relative due to illness, or to improve home management and household functions and skills, or to improve child care in family situations.

III. Definitions

The following words shall have the following meanings herein unless the context requires otherwise:

A. Agency

"Agency" when used above means a voluntary or proprietary agency which provides homemaker services to the Department.

Trans. by Social Services Letter 12A

III. Definitions (cont'd)

B. Department

"Department" means the Department of Public Welfare when used alone, without any other state agency title.

C. Homemaker Services

"Homemaker Services" means care of individuals and help for caretaker relatives in their own homes to achieve adequate household and family management through the services of a trained and supervised homemaker.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be requested from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means homemaker services.

F. Worker

"Worker" when used alone means the local Department social service IRF or Generalist worker.

IV. Eligible Groups

Families with children as defined below are eligible for homemaker services subject to the conditions and limitations contained in this policy:

A. Families with children who are current recipients of AFDC.

B. Families with children who are receiving protective services, as defined in the Service Need Criteria section of this policy, whose income exceeds the levels which qualify families for AFDC.

II. ELIGIBILITY (cont'd)

text of the client's functional abilities, the home environment including the layout of the home and the availability of other people in the home for support, the availability of other formal and informal services, and the purposes of homemaker services. The supervisor of social services must approve provision of the service prior to its authorization.

III. REDETERMINATION OF ELIGIBILITY

Continued use of the service will be reviewed as provided for in the Social Service Plan, but eligibility for homemaker services must be redetermined no later than every ninety (90) days from the date of authorization.

In redetermining eligibility for 20 or more hours of homemaker service per week, the social service worker shall reassess the client's need for service by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The social service worker shall reduce the amount of service authorized when the client's need for service diminishes.

IV. METHOD OF PROVISION

Homemaker services are provided directly by a Department homemaker staff member in those service areas where such staff exist, or by a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation from which the Department purchases service.

The applicant contacts the local social service worker to apply for homemaker services. After following eligibility determination procedures, the social service worker documents the need for services in the case record and in the Social Service Plan. In addition to a social diagnosis, or medical diagnosis, or both, documentation includes consideration of providing other social services to help maintain the client in addition to or instead of homemaker services. Service of hourly units or for 24-hour periods may be authorized. The Plan must include the number of hours per day, the number of days per week, and the time period for which services are authorized. Twenty-four hour service will be considered whenever possible as a short-term service and, when authorized, the social service worker will carefully consider alternative or additional services. The social service worker then contacts the Department homemaker staff or the agency providing the service. In those service areas where contracts for homemaker services exist, those contracts

IV. METHOD OF PROVISION (cont'd)

will be utilized as resources before non-contracted purchase arrangements.

The rate approved for non-contracted purchase of service from homemaker agencies is the hourly unit rate established by the Department's Office of Social Services (Central Office) with the provider agency, plus transportation costs, if transportation is not included in the unit rate. Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor. Twenty-four-hour care may be authorized at a daily rate established by the Department's Office for Social Services (Central Office) with the provider agency.

The period of service authorized depends on the needs of the client as ascertained by the social service worker and approved by the supervisor. After 180 days, hourly units of homemaker service will be approved by the Associate Regional Administrator for Social Services or his designee. If 24-hour service is authorized, such service will be approved after 30 days by the Associate Regional Administrator for Social Services or is designee.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for homemaker services prior to authorizing the service. This is a professional judgment which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion.

The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations described in VIII. B. For instance, if a family member is periodically available after work or after school to perform tasks which the client cannot perform but a homemaker might perform, such as doing the client's laundry, a need does not exist during those periods or for the performance of those tasks.

In determining the extent of needs, particularly those which meet the Acute Episode category of need criteria, the worker shall establish that there are no other resources available and determine that the provision of homemaker services is a better solution than foster placement of children.

1. Social Diagnosis

To determine the need for homemaker services, the worker shall make a social diagnosis based on a personal interview with the client by office visit or home visit. In the social diagnosis the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities; the home environment, including the layout of the home and the availability of other formal and informal services; and the purposes of, and criteria of need for, homemaker services. In determining the need for homemaker services, the worker shall work cooperatively with the homemaker agency supervisor.

2. Medical Opinion

When homemaker services are to be provided because of a medical condition, such as hospitalization or an ongoing medical condition, the social service worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical supervision of the client and provide sufficient current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to be provided, as this decision is best made by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

Trans. by Social Services Letter 12

VI. Determination and Documentation of Needs (cont'd)

a. Sources of Medical Opinion

The worker may request a medical opinion from such current medical supervisors as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical supervision, and medical needs are not being met, the worker shall attempt to obtain such supervision and opinion by requesting a nursing assessment from an appropriate certified home health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing Social Diagnosis Prior to Authorizing Service

a. In those cases where the primary caretaker becomes institutionalized and the need for family care is immediate, the worker may authorize service upon receipt of the request for a period depending upon the needs of the family up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. If service has not been required during institutionalization of the primary caretaker but is required during home recovery due to a change of circumstances at the time of discharge, and the request for service is made on or near the date of discharge, the worker may authorize service upon receipt of the request for a period of two weeks to facilitate discharge. Within that period, and prior to further authorization of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client, or a request for homemaker services from an institution in which the client has been hospitalized, the worker shall document the need for services in the Social Service Plan and in the case record. Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service criteria, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons For Fiscal Reasons

Homemaker Services to Families and Children are provided subject to the availability of funds. Should legislative appropriations for homemaker services be insufficient to continue the provision of such services to persons in all of the categories of service need (V., A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services

VII. Termination of Services to Categories of Persons for Fiscal Reasons (cont'd)

Letter direct that homemaker services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Homemaker Services

A. Description

Homemaker services include, but are not limited to: care and supervision of children and adults; non-medical care of an ill or disabled family member; routine light housekeeping and light laundry; planning, preparation, and serving of meals; and instruction in homemaking, household skills, and child care.

B. Service Limitations

1. Available Family Member

The worker shall authorize homemaker services for eligible families and children only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Appropriate Service Provision

The worker shall not authorize homemaker services when the need or service is only for a simple household task, such as cleaning or simple repair, which is appropriately met by providing chore service.

3. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits, but the worker may not authorize provision of service beyond these limits unless an exception is granted by the Associate Regional Administrator for Social Services as described below.

b. Exceptions

The worker may request an exception to time limitations, only up

b. Exceptions (cont'd)

to the limit stated below in the Exceptions section of each category Limit, from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a Category Limit is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission.

3) prevent institutional placement,

4) prevent foster care placement of children,

when none of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception.

An exception may be granted only once in any time period during which a client remains in a service need category.

In no event shall a social worker request, or an Associate Regional Administrator for Social Services grant an exception with limits greater than those specifically stated in each category limit below in paragraph c.

The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

c. Category Limits

1) Acute Episode

a) During hospitalization for in-patient care of the primary caretaker, the worker may authorize provision of service up to a maximum of 24 hours per day for a period, depending on the length of hospitalization, up to a maximum of 6 weeks.

Exception: None

b) During recovery at home of the primary caretaker after

b) (cont'd)

discharge from the hospital, the worker may authorize provision of service from 1 to 40 hours per week for a maximum of 2 weeks.

Exception: The Associate Regional Administrator may approve provision of service up to 24 hours per day for 1 week and then up to 40 hours per week for the following 4 weeks.

c) If after the 2-week recovery period, or the exception period, further service is required, the worker may authorize provision of service from 1 to 15 hours per week for a period up to maximum of 4 weeks.

Exception: None

2) Protective: Serious Abuse and Neglect

Services are available to families and children if children are receiving protective services according to Category B of Section V. - Service Need Criteria.

a) After establishment of protective service need, at the onset or during treatment of the case, the worker may authorize provision of service once up to 24 hours per day for a period up to a maximum of 1 week. Such service may be provided to maintain the family in the home if appropriate and to allow the worker time to assemble resources into an ongoing service plan.

Exceptions: To avoid foster care placement and to provide continous service in crisis situations, the following exceptions may be granted:

(1) The Associate Regional Manager may approve extension of service provision up to 24 hours per day beyond the one week maximum for an additional period up to one week.

(2) The Associate Regional Manager may approve resumption of 24-hour service for a period up to one week after the initial period of 24-hour service has ended once during the period that the case is open.

b) After provision of 24-hour service, or if 24-hour service is not required upon establishment of protective service need, the worker may authorize provision of service from 1 to 40 hours per week for a period up to a maximum of 3 months.

c) If service has been provided for the above 3-month maximum, and further service is required, the worker may authorize provision of service from 1 to 20 hours per week for an additional period up to a maximum of 6 months.

Exception: At the end of this period the worker shall re-evaluate the need for continued service. If further homemaker service is required to maintain the stability of the family or to continue to support improved functioning, an exception may be requested. The Associate Regional Manager may approve provision of service from 1 to 10 hours per week.

3) Supportive

The worker may authorize provision of service to eligible families and children in this category from 1 to 12 hours per week for a period up to a maximum of 4 weeks.

Exception: The Associate Regional Administrator may approve provision of service up to 40 hours per week for a period up to a maximum of 2 months.

4) Maintenance

The worker may authorize provision of service to eligible families and children in this category from 1 to 12 hours per week.

Exception: The Associate Regional Administrator may approve provision of service up to 40 hours per week for a period up to a maximum of 3 months.

d. Combinations of Hours and Days Per Week

The worker may authorize provision of service within the above limits in any combination of hours and days per week.

e. Combinations of Homemaker and Chore Services

If the worker authorizes provision of chore services in combination with homemaker services, then the combination of homemaker and chore services is subject to the above limitations.

4. Personal Care

If an eligible client requires personal care the worker shall attempt to have it provided by requesting home health aide services from an appropriate certified home health agency, normally a Visiting Nurse Association, where available.

5. Waiting Lists

a. Existing Clients

If a client who is receiving services from a contracted agency needs an increase in the amount of service as determined by the worker, and no contracted resource can provide the increased amount, the worker will place the client on a waiting list for the increased amount.

b. New Clients

Clients who apply for service and who meet financial and programmatic requirements for the service will be offered service, if available, from a contracted homemaker agency. If no contracted services are available, the worker shall consider with the client whether alternative services are available and appropriate. If they are not, the worker shall place the client on a homemaker service waiting list.

c. Waiting List Use and Criteria

1) Waiting lists will be kept by each Community Service Area Office and used for:

   a) Clients receiving contracted services who need an increased amount of service for which no contracted resource is available.

   b) Clients who request services for whom no contracted resource is available.

2) When a contracted resource becomes available, the Community Service Area Office shall provide service by selecting from the waiting list according to the following criteria:

   a) Waiting lists shall be kept by day and hour of the original request for services. The client with the earliest date and hour of request will have priority.

b) If more than one client has the same date and hour of request, the first client in alphabetical order will have priority.

c) The CSA Directors or their designees have final approval of all selections from the waiting list.

C. Homemaker Service Rates

The two unit rates for homemaker services are the hourly unit rate and the 24-hour service rate.

1. Hourly Unit Rate

The worker shall authorize payment for homemaker services at the hourly unit rate established by the contract with the provider agency. Transportation costs are included in the unit rate.

2. 24-Hour Service Unit Rate

The worker may authorize 24-hour service only at the 24-hour service unit rate established by the contract with the provider agency. 24-hour service may not be authorized at the hourly unit rate on a shift basis.

D. Redetermination of Need and Re-Authorization of Service

The worker shall review continued use of the service as provided for in the Social Service Plan, but the worker shall redetermine the need for homemaker services and re-authorize provision of homemaker services no later than every 3 months after initial authorization and each subsequent re-authorization. The worker shall redetermine the client's need for homemaker service by reviewing the social diagnosis through personal interview with the client by office visit or home visit. The worker shall contact and work with the homemaker agency supervisor when reviewing service use and redetermining need. The worker shall reduce the amount of service authorized when the client's need for service diminishes.

I. POLICY

It is the policy of the Department to offer and provide services which strengthen family life, improve family health and promote the physical and emotional well-being of family members, and to encourage the use of all available resources to that end. In keeping with this policy and in accordance with Federal and State regulations, the Department is mandated under Titles IV-A and XIX of the Social Security Act to make family planning services available to its present, former and potential AFDC clients.

II. DEFINITION

Family planning services are those medical, educational and social services which enable people to exercise freedom of choice with regard to the size of their family and the spacing of children, factors which profoundly affect the physical and emotional health of families.

Family Planning, as part of the Department's comprehensive Social Services and Medical Care Programs, will be provided in such a way that people may exercise their rights knowledgeably and in accordance with individual conscience. The Department will also cooperate with public and private agencies to minimize obstacles that prevent families and individuals from understanding and utilizing family planning resources. Arrangements will be made with various community resources so that individuals can be assured a choice of the source of service.

III. SERVICE PROVISION

Comprehensive family planning services to be made available include all of the following:

A. Contract Arrangements

Title IV-A and Title XIX contracts for comprehensive family planning include:

1. Information and referral (including outreach and follow-up).
2. Individual and group counseling.

Trans. by Social Services Letter 3

3. Medical examinations, laboratory tests, and contraceptive services rendered by a licensed physician of the client's choice.

4. Medical consultation, treatment and services.

5. Medical treatment for related conditions, such as venereal diseases or vaginal infections. (Abortion is a separate surgical procedure and not considered as part of family planning services).

6. Prescriptions and supply of medical items.

7. Clinical follow-up.

B. Non-Contracted Arrangements

Private physicians, laboratories, clinics and pharmacies may provide the above items separately as vendors under Title XIX. Non-contracted arrangements also include:

1. Transportation necessary to obtain medical treatment.

2. Child care necessary to obtain any of these listed services.

C. Direct Services

Department social workers will directly provide assistance to clients in the non-medical aspects of family planning which includes the offer and provision of:

1. Information, referral and follow-up.

2. Individual and group counseling.

3. Authorizations for payment of transportation and child care.

Trans. by Social Services Letter 3

Social workers shall make family planning services known and available to all eligible families and individuals who desire them. Eligible persons considering or requesting family planning services shall be told and given assurances that:

1. Participation is voluntary and has no bearing on eligibility for any of the Department's financial or social service programs.

2. The moral, religious and cultural values and convictions of the individual and the family will be safeguarded. When any of these values are in conflict and the person wishes advice, he or she will be encouraged and assisted to seek the counseling and guidance most appropriate and helpful.

3. The individual who wishes family planning services will be informed of the full range of medical and clinical resources and services available in order to make a suitable selection, and will be encouraged to make medical decisions on sound medical and social advice.

4. Department services shall not discriminate against any person on the basis of race, religion, sex, age, marital status or parenthood. In those instances where contraceptive services are requested, the individual's legal status under the laws of the Commonwealth will be the responsibility of the physician providing medical services, and parental consent may be requested.

5. Confidentiality will be safeguarded, as it is for other Department services.

Trans. by Social Services Letter 3

IV. ELIGIBILITY FOR SERVICES

People may be eligible for family planning services under both Social Services programs (Title IV-A) and Medical Assistance programs (Title XIX). An explanation of eligibility follows:

A. Eligibility for Services - Title XIX

Family planning services will be made available to families and individuals who are current recipients of medical assistance as evidenced by possession of a Medicaid Identification Card or who have made application for medical assistance. Persons eligible for these services include AFDC, and GR recipients, as well as the medically needy, who are of child bearing age.

B. Eligibility for Services - Title IV-A

Family planning services will be made available to each group as indicated below:

1. Families and individuals who are former recipients of AFDC

   Those persons who have received an AFDC grant within two years prior to the current application for services.

2. Families and individuals who are current recipients of or applicants for AFDC

   Those persons who are current recipients of AFDC and applicants for AFDC who have not yet received approval or denial of such applications.

3. Families and individuals who are potential applicants for or recipients of AFDC

   a. Eligibility for social services as evidenced by eligibility under the Medical Assistance program.

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b. Eligible group - Families and individuals eligible for medical assistance as needy persons under the Medical Assistance program.

Eligibility for social services as evidenced by the likelihood that within five years the family or individuals will become recipients of financial assistance.

c. Eligible group - Families and individuals who give evidence of a social, economic or health condition which indicates that without social services the family will likely suffer family breakdown and become recipients of AFDC within five years and who have an annual net income level that does not exceed the amount below.

Family Size	Annual Net Income
1	$3,300
2	4,900
3	6,000
4	7,000
5	7,900
6	8,900
7 or more	9,800

Family income is to be considered in determining eligibility of minors unless the individual is self-supporting.

d. Eligible group - Families with children or individuals applying for, or receiving General Relief.

C. Redetermination of Eligibility

Redetermination of eligibility for family planning services provided under Title IV-A will be made every six months, when appropriate.

Trans. by Social Services Letter 3

D. Service Coverage and Procedures

1. Information and simplified referral will be available to anyone in the community requesting such service.

   All AFDC, and GR applicants and recipients, as well as other eligible persons, shall be informed of their rights to family planning services and promptly receive assistance in utilizing resources when requested.

   The following circumstances may be indications of the need for raising the issue of family planning with the client:

   a. The specific request of the person for assistance in family planning.

   b. The birth of any child (whether in or out of wedlock).

   c. When the last several children were born at intervals of less than two years.

   d. When the mother's health is poor.

   e. When there are findings or suspicion of neglect or battering of children.

   f. When the family history indicates persistent physical or emotional disability in the children.

   g. When the recipient appears physically or emotionally overburdened by the care of present family members (regardless of the family size.)

   h. When there is an impending or recent marriage in the family.

   i. Whenever the recipient, whether adult or teenager, is exposed to the risk of unwanted pregnancy.

   j. Whenever referrals are considered for WIN, employment, training or educational services.

Trans. by Social Services Letter 3

2. The full range of family planning services are available to all clients who are eligible for assistance (see "Eligibility for Services").

   Provision for child care to facilitate the parent's initial and follow-up medical services may be indicated in the absence of the voluntary services of a friend or relative, or lack of facilities for child care at the medical resource. Payment of in-home child care at the established hourly rates may be made upon the written recommendations of the social worker, with prior supervisor approval and in consideration of the need for this care as it affects the well-being of the parent or child.

3. Family planning services rendered to eligible recipients under medical assistance will follow patterns of reimbursement within the provisions of the Medical Care Plan to certified providers.

4. Family planning services to eligible people will include referral to:

   a. Agencies under contract with the Department to provide family planning services.

   b. Non-contracted arrangements providing services without cost to the Department.

E. Appeals

The client has the right to appeal if he believes he has been denied information about or access to family planning services, or that he was pressured or coerced in any way. Appeals may be made in accordance with Chapter VI of the PA Policy Manual.

F. Staff Participation

Any staff member whose cultural values, conscience, or religious convictions prevent him from participating constructively in providing family planning information or making referrals must report this circumstance to supervisory staff so that another appropriate staff member may be assigned this function. There shall be no negative implications as a result of such action.

Trans. by Social Services Letter 3

Any staff person dealing directly with clients may not deny information or access to family planning to their clients, nor coerce them to accept the service. If the social worker is unable to function in the offer of family planning information and referral assistance this must be reported to supervisory staff. Supervisors have a responsibility to help staff clarify the nature of their personal conflicts, in a manner which protects the rights of clients to receive the information and services they want. Family planning services are voluntary, and the client has the right to decide whether or not he or she wants the service.

Chapter III

HOMEMAKER SERVICES
TO THE ELDERLY AND DISABLED

I. Authority

The Department of Public Welfare provides homemaker services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Homemaker services are provided:
    a. By a department staff member in those areas where such staff exist, or
    b. By a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation of Homemaker Services from which the Department
        1) purchases services on a contracted basis, or
        2) purchases services on a non-contracted basis approved by the Office of Social Services at Central Office.
2. The applicant shall contact the local social service worker to apply for homemaker services. After determining eligibility and establishing and documenting the need for service in the Social Service Plan and in the case record, the worker shall arrange for the service by contacting the Department homemaker or the agency providing the homemaker. In those service areas where contracts for homemaker services exist, those contracts shall be utilized before non-contracted purchase is used.
3. In those service areas where homemaker services to elderly (SSI-OA) recipients, either new cases or both new and existing cases are provided solely by Home Care Corporations under the auspices of the Department of Elder Affairs, the Department shall not provide homemaker services to SSI (OA) recipients. The social service worker shall refer such recipients who wish to apply for homemaker services to the appropriate Home Care Corporation.

HOMEMAKER SERVICES

TO THE DISABLED

I. Authority

The Department of Public Welfare provides homemaker services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Homemaker services are provided:

   a. By a Department staff member in those areas where such staff exist, or

   b. By a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation of Homemaker Services from which the Department purchases services on a contracted basis. No client will receive homemaker services from an agency which does not contract with the Department.

2. The client shall contact the local social worker to apply for homemaker services. After determining eligibility and establishing and documenting the need for service in the Social Service Plan and in the Case record, the worker shall arrange for the service by contacting the Department homemaker or the agency providing the homemaker.

3. If no homemaker agency can provide the service requested, the worker shall place the client on a waiting list.

B. Purpose of Service

The Department shall provide homemaker services to maintain families or individuals in their own homes during times of stress such as the temporary absence of the spouse or caretaker relative, due to illness; or to help disabled individuals to function after a period of illness; or to improve home management and household skills.

III. Definitions

The following words shall have the following meanings unless the context requires otherwise.

III. Definitions (cont'd)

A. Agency

"Agency" when used alone means a voluntary or proprietary agency which provides homemaker services to the Department.

B. Department

"Department" means the Department of Public Welfare when used alone, without any other state agency title.

C. Homemaker Services

"Homemaker services" means care of individuals and help for individuals in their own homes in maintaining, strengthening, and safe-guarding their functioning through the services of a trained and supervised homemaker.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be requested from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means homemaker services.

F. Worker

"Worker" when used alone means the local social service IRF or Generalist worker.

IV. Eligibility

Disabled individuals who are current recipients of SSI (DA) are eligible for homemaker services subject to the conditions and limitations contained in this policy.

V. Service Need Criteria

The worker may authorize provision of service to financially eligible disabled individuals for the purposes described in II.B, depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible disabled individuals in this category who are recovering at home, from acute medical or mental illness, after hospitalization for in-patient care.

2. The worker may authorize provision of service to a person such as a spouse or other relative who is an SSI or AFDC recipient, and who lives with the hospitalized individual, and who is in danger of institutionalization due to the absence of the hospitalized individual.

B. Supportive

The worker may authorize provision of service to eligible disabled individuals who, despite their physical or mental infirmities, are able to remain at home and to take care of personal needs and be left alone safely but who could not function without service.

C. Maintenance

The worker may authorize provision of service to eligible disabled individuals when they are mostly independent but need occasional assistance with or instruction in home management and household tasks such as meal preparation, cleaning, shopping or laundry to remain in their own homes.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for homemaker services prior to authorizing the service. This is a professional judgement which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion. The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations described in VIII. B. For instance, if a family mem-

VI. Determination and Documentation of Need (cont'd)

A. Determination of Need (cont'd)

ber is periodically available after work or after school to perform tasks which the client cannot perform but which a homemaker might perform, such as doing the client's laundry, a need does not exist during those periods or for the performance of those tasks. In determining the extent of need the worker shall consider other social services which might help the client instead of or in addition to homemaker services. The worker shall also consider obtaining nursing home or other institutional care when appropriate. If a client, particularly an elderly client who is living alone, requires services beyond the limits allowed, and in fact needs constant supervision which cannot be provided by anyone living in the home to assure adequate medical care and nutrition, help with personal care and functions, and protection of the client and others, then institutional care may be an appropriate service.

1. Social Diagnosis

To determine the need for homemaker services, the social service worker shall make a social diagnosis, based on a personal interview with the client by office visit or home visit. In the social diagnosis, the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities; the home environment, including the layout of the home and the availability of other formal and informal services; and the purposes of, and criteria of need for, homemaker services. In determining the need for homemaker services, the worker shall work cooperatively with the homemaker agency supervisor.

2. Medical Opinion

When homemaker services are to be provided because of a medical condition, such as hospitalization or an on-going medical condition, the social service worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical services to the client and provide sufficient current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to

VI. Determination and Documentation of Need (cont'd)

2. Medical Opinion (cont'd)

be provided, as this decision is best made by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

a. Sources of Medical Opinion

The worker may request a medical opinion from such current medical service providers as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical services, and medical needs are not being met, the worker shall attempt to obtain such service and opinion by requesting a nursing assessment from an appropriate certified home Health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing a Social Diagnosis Prior to Authorizing Service

a. In those cases where an individual who lives alone has been institutionalized, and service is required upon discharge, the worker may authorize provision of service upon receipt of the request, if it is made on or near the date of discharge, for a period up to a maximum of two weeks to facilitate discharge. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. In those cases where an individual has been institutionalized, and a person who lives with and cannot function without that individual, as described in V. A. 2., needs service immediately, the worker may authorize provision of service for a period up to a maximum of 2 weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client or a request for homemaker services from an institution in which the client has been hospitalized, the worker shall document the need for services in the Social Service Plan and in the case record.

VI. Determination and Documentation of Need (cont'd)

B. Documentation (cont'd)

Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service need, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons for Fiscal Reasons

Homemaker Services to the Disabled are provided subject to the availability of funds. Should legislative appropriations for homemaker services be insufficient to continue the provisions of such services to persons in all of the categories of service need (V. A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Homemaker Services

A. Description

Homemaker services include, but are not limited to: care and supervision of persons; non-medical care of an ill or disabled person; routine light housekeeping and light laundry; planning, preparation, and serving of meals; and instruction in homemaking, household skills, and child care.

B. Service Limitations

1. The worker shall authorize homemaker services to eligible disabled individuals only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Appropriate Service Provision

   The worker shall not authorize homemaker services when the need for service is only for a simple household task, such as cleaning or simple repair, which is appropriately met by providing chore services.

Trans. by Social Services Letter 12A

VIII. Homemaker Services (cont'd)

3. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits, but the worker may not authorize provision of service beyond these limits unless an exception is granted by the Associate Regional Administrator as described below.

b. Exceptions

The worker may request an exception to time limitations, only up to the limit stated below in the Exceptions section of each Category Limit, from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a Category Limit is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission,

3) prevent institutional placement,

4) prevent foster care placement of children,

when none of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception.

An exception may be granted only once in any time period during which a client remains in a service need category.

In no event shall a social worker request, or an Associate Regional Administrator for Social Services grant, an exception with limits greater than those specifically stated in each category limit below in paragraph c.

VIII. Homemaker Services (cont'd)

b. Exceptions (cont'd)

The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

c. Category Limits

1) Acute Episode

a) During recovery at home of the eligible individual, the worker may authorize provision of service from 1 to 40 hours per week for a period, depending on the individual's needs, up to a maximum of 4 weeks.

Exception: The Associate Regional Administrator may approve provision of service up to 24 hours per day for the same period up to a maximum of 4 weeks.

b) The worker may authorize provision of service to an eligible individual, who lives with the hospitalized person and who cannot function without that person, up to a maximum of 24 hours per day for a period, depending on the length of the hospitalized person's absence, up to a maximum of 6 weeks.

Exception: None.

2) Supportive

The worker may authorize provision of service to eligible individuals in this category from 7 to 25 hours per week, depending on the individual's needs.

Exception: The Associate Regional Administrator may approve provision of service up to a maximum of 40 hours per week for a period up to a maximum of 3 months.

3) Maintenance

The worker may authorize provision of service to eligible persons in this Category from 1 to 6 hours per week.

VIII. Homemaker Services (cont'd)

3) Maintenance (cont'd)

Exception: None.

d. Combinations of Hours and Days Per Week

The worker may authorize provision of service within the above limits in any combination of hours and days per week.

e. Combinations of Homemaker and Chore Service

If the worker authorizes provision of chore services in combination with homemaker services, then the combination of homemaker and chore services is subject to the above limitations.

4. Personal Care

If an eligible client requires personal care the worker shall attempt to have it provided by requesting home health aide services from an appropriate certified home health agency, normally a Visiting Nurse Association, where available.

5. Conversion From the Non-Contracted to the Contracted Program

a. Existing Clients

1) Upon conversion to contracts, clients already receiving services from the Department provided by a homemaker agency will continue to receive services from that agency if it has a contract with the Department.

2) If a homemaker agency does not receive a contract from the Department, any client receiving services from the non-contracted agency shall be offered the service, if available, from a contracted homemaker agency.

a) If a client refuses service from an alternative contracted agency, the worker shall terminate the service by issuing a 10-day notice. Because the change to a contracted program is based on change in Federal and State law, no appeal will be allowed and the Department will not provide service beyond

VIII. Homemaker Services (cont'd)

5. Conversion From the Non-Contracted to the Contracted Program (cont'd)

the 10-day period. If the client re-applies for services, the worker shall treat the client as a new client.

b) If no alternative contracted services are available, the worker shall terminate the service, because the change to a contracted program is based on a change in Federal and State law and because no contracted resource is available, by issuing a 10-day notice and notify the client of the right of appeal.

(1) If the client appeals within 10 days of the date of the notification, service shall continue from the non-contracted agency through the appeal process. If the client receives a favorable decision from the appeals division, service from the non-contracted agency may be continued until a contracted agency becomes available or until the client ceases to be financially or programmatically eligible for the service.

(2) If the client doe not apply for an appeal or the appeal request is not timely, service shall not continue beyond the 10-day notification period. If the client re-applies for service, the worker shall treat the client as a new client.

(3) If a client who is receiving services from a contracted agency needs an increase in the amount of service as determined by the worker, and no contracted resource can provide the increased amount, the worker will place the client on a waiting list for the increased amount.

b. New Clients

Clients who apply for service after the contracted system is implemented, and who meet financial and programmatic requirements for the service, will be offered service, if

VIII. Homemaker Services (cont'd)

b. New Clients (cont'd)

available, from a contracted homemaker agency. If no contracted services are available, the worker shall consider with client whether alternative services are available and appropriate and shall provide such services if they are available and appropriate. If they are not, the worker shall place the client on a homemaker service waiting list.

c. Waiting List Use and Criteria

1) Waiting lists will be kept by each Community Services Area Office and used for:

a) Clients receiving contracted services who need an increased amount of service for which no contracted resource is available.

b) Clients who request services for whom no contracted resource is available or who are receiving non-contracted services pending an appeal decision.

2) When a contracted resource becomes available, the Community Service Area Office shall provide services by selecting from the waiting list according to the following criteria:

a) Waiting lists shall be kept by date and hour of the original request for services. The client with the earliest date and hour of request will have priority.

b) If more than one client has the same date and hour of request, the first client in alphabetical order will have priority.

c) The CSA Directors or their designess have final approval of all selections from the waiting list.

C. Homemaker Service Rates

The two unit rates for homemaker services are the hourly unit rate and the 24-hour service unit rate.

VIII. Homemaker Services (cont'd)

1. Hourly Unit Rate

The worker shall authorize payment for homemaker services at the hourly unit rate established in the contract. The worker may authorize payment for homemaker transportation costs if transportation is not included in the unit rate. Public transportation (bus or MBTA) will be utilized as the first resource. When a car is used, the worker may authorize allowance of up to 12 cents per mile. The supervisor of social services shall approve transportation costs.

2. 24-Hour Service Unit Rate

The worker may authorize 24-hour service only at the 24-hour service unit rate established with the provider agency in the contract. 24-hour service may not be authorized at the hourly unit rate on a shift basis.

D. Redetermination of Need and Re-Authorization of Service

The worker shall review continued use of the service as provided for in the Social Service Plan, but the worker shall redetermine the need for homemaker services and re-authorize provision of homemaker service no later than every 3 months after initial authorization and each subsequent re-authoriation. The worker shall redetermine the client's need for homemaker service by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The worker shall contact and work with the homemaker agency supervisor when reviewing service use and redetermining need. The worker shall reduce the amount of service authorized when the client's need for service diminishes.

Chapter III

HOMEMAKER SERVICES TO THE ELDERLY

I. Authority

The Department of Public Welfare provides homemaker services under the provisions of Section 2, Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Homemaker services are provided:

    a. By a Department staff member in those areas where such staff exist, or

    b. By a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation of Homemaker Services from which the Department purchases services on a contracted basis. No client will receive homemaker services from an agency which does not contract with the Department.

2. The client shall contact the local social worker to apply for homemaker services. After determining eligibility and establishing and documenting the need for service in the Social Service Plan and in the Case record, the worker shall arrange for the service by contacting the Department homemaker or the agency providing the homemaker.

3. If no homemaker agency can provide the service requested, the worker shall place the client on a waiting list.

4. The Department will transfer complete program responsibility for providing homemaker services to elderly (SSI-OA) clients to the Department of Elder Affairs by June 30, 1977. The transfer will be accomplished according to a phased schedule. The procedures governing each phase will be announced by a separate Social Services Letter. The transfer will affect applicants and existing clients as follows:

    a. The Department will no longer provide homemaker services to existing elderly clients or applicants who are residents of those cities and towns in which the transfer has been completed.

        1) SSI-OA clients who are currently receiving homemaker services from the Department of Public Welfare will be

A. Service Delivery (cont'd)

transferred to the Department of Elder Affairs social service delivery system according to the phased schedule.

2) DPW intake will be closed according to the phased schedule. SSI-OA recipients who wish to apply for homemaker services after the transfer date in their area will be referred to the Department of Elder Affairs social service delivery system.

b. The Department will continue to provide homemaker services to elderly clients until they are transferred and to accept applications from elderly applicants from areas where intake is still open.

c. In those areas where DPW intake has been closed, the Department of Elder Affairs has sole responsibility for providing homemaker services to elderly (SSI-OA) clients who wish to apply for services. In those areas where DPW intake has been closed and existing clients have been transferred, the Department of Elder Affairs has sole responsibility for providing homemaker services to elderly (SSI-OA) clients.

B. Purpose of Service

The Department shall provide homemaker services to maintain families or individuals in their own homes during times of stress such as the temporary absence of the spouse or caretaker relative, due to illness; or to help elderly individuals to function after a period of illness; or to improve home management and household skills.

III. Definitions

The following words shall have the following meanings unless the context requires otherwise:

A. Agency

"Agency" when used alone means a voluntary or proprietary agency which provides homemaker services to the Department.

B. Department

"Department" means the Department of Public Welfare when used alone,

B. Department (cont'd)

without any other state agency title.

C. Homemaker Services

"Homemaker services" means care of individuals and help for individuals in their own homes in maintaining, strengthening, and safe-guarding their functioning through the services of a trained and supervised homemaker.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be requested from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means homemaker services.

F. Worker

"Worker" when used alone means the local social service IRF or Generalist worker.

IV. Eligibility

Elderly individuals who are current recipients of SSI (OA) are eligible for homemaker services subject to the conditions and limitations contained in this policy.

V. Service Need Criteria

The worker may authorize provision of service to financially eligible elderly individuals for the purposes described in II.B, depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following

V. Service Need Criteria (cont'd)

categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible elderly individuals in this category who are recovering at home, from acute medical or mental illness, after hospitalization for in-patient care.

2. The worker may authorize provision of service to a person such as a spouse or other relative who is an SSI or AFDC recipient, and who lives with the hospitalized individual, and who is in danger of institutionalization due to the absence of the hospitalized individual.

B. Supportive

The worker may authorize provision of service to eligible elderly individuals who, despite their physical or mental infirmities, are able to remain at home and to take care of personal needs and be left alone safely but who could not function without service.

C. Maintenance

The worker may authorize provision of service to eligible elderly individuals when they are mostly independent but need occasional assistance with or instruction in home management and household tasks such as meal preparation, cleaning, shopping or laundry to remain in their own homes.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for homemaker services prior to authorizing the service. This is a professional judgement which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion. The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations described in VIII. B. For instance, if a family member is periodically available after work or after school to perform tasks which the client cannot perform but which a homemaker might perform, such as doing the client's

A. Determination of Need (cont'd)

laundry, a need does not exist during those periods or for the performance of those tasks. In determining the extent of need the worker shall consider other social services which might help the client instead of or in addition to homemaker services. The worker shall also consider obtaining nursing home or other institutional care when appropriate. If a client, particularly an elderly client who is living alone, requires services beyond the limits allowed, and in fact needs constant supervision which cannot be provided by anyone living in the home to assure adequate medical care and nutrition, help with personal care and functions, and protection of the client and others, then institutional care may be an appropriate service.

1. Social Diagnosis

To determine the need for homemaker services, the social service worker shall make a social diagnosis, based on a personal interview with the client by office visit or home visit. In the social diagnosis, the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities; the home environment, including the layout of the home and the availability of other formal and informal services; and the purposes of, and criteria of need for, homemaker services. In determining the need for homemaker services, the worker shall work cooperatively with the homemaker agency supervisor.

2. Medical Opinion

When homemaker services are to be provided because of a medical condition, such as hospitalization or an on-going medical condition, the social service worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical supervision of the client and provide sufficient current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to be provided, as this decision is best made by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

a. Sources of Medical Opinion

The worker may request a medical opinion from such current medical service providers as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical services, and medical needs are not being met, the worker shall attempt to obtain such services and opinion by requesting a nursing assessment from an appropriate certified home health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing a Social Diagnosis Prior to Authorizing Service

a. In those cases where an individual who lives alone has been institutionalized, and service is required upon discharge, the worker may authorize provision of service upon receipt of the request, if it is made on or near the date of discharge, for a period up to a maximum of two weeks to facilitate discharge. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. In those cases where an individual has been institutionalized, and a person who lives with and cannot function without that individual, as described in V. A. 2., needs service immediately, the worker may authorize provision of service for a period up to a maximum of 2 weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client or a request for homemaker services from an institution in which the client has been hospitalized, the worker shall document the need for services in the Social Service Plan and in the case record. Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service need, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons for Fiscal Reasons

Homemaker Services to the Elderly are provided subject to the availability

VII. Termination of Services to Categories of Persons for Fiscal Reasons (cont'd)

of funds. Should legislative appropriations for homemaker services be insufficient to continue the provisions of such services to persons in all of the categories of service need (V. A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Homemaker Services

A. Description

Homemaker services include, but are not limited to: care and supervision of persons; non-medical care of all ill or disabled person; routine light housekeeping and light laundry; planning, preparation, and serving of meals; and instruction in homemaking, household skills, and child care.

B. Service Limitations

1. The worker shall authorize homemaker services to eligible elderly individuals only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Appropriate Service Provision

The worker shall not authorize homemaker services when the need or service is only for a simple household task, such as cleaning or simple repair, which is appropriately met by providing chore services.

3. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits, but the worker may not authorize provision of service beyond these limits unless an exception is granted by the Associate

a. Introduction (cont'd)

Regional Administrator as described below.

b. Exceptions

The worker may request an exception to time limitations, only up to the limit stated below in the Exceptions section of each Category Limit, from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a Category Limit is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission,

3) prevent institutional placement,

4) prevent foster care placement of children,

when none of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception.

An exception may be granted only once in any time period during which a client remains in a service need category.

In no event shall a social worker request, or an Associate Regional Administrator for Social Services grant, an exception with limits greater than those specifically stated in each category limit below in paragraph c.

The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

c. Category Limits

1) Acute Episode

a) During recovery at home of the eligible individual, the worker may authorize provision of service from

1) Acute Episode (cont'd)

1 to 40 hours per week for a period, depending on the individual's needs, up to a maximum of 4 weeks.

Exception: The Associate Regional Administrator may approve provision of service up to 24 hours per day for the same period up to a maximum of 4 weeks.

b) The worker may authorize provision of service to an eligible individual, who lives with the hospitalized person and who cannot function without that person, up to a maximum of 24 hours per day for a period, depending on the length of the hospitalized person's absence, up to a maximum of 6 weeks.

Exception: None.

2) Supportive

The worker may authorize provision of service to eligible individuals in this category from 7 to 25 hours per week, depending on the individual's needs.

Exception: The Associate Regional Administrator may approve provision of service up to a maximum of 40 hours per week for a period up to a maximum of 3 months.

3) Maintenance

The worker may authorize provision of service to eligible persons in this Category from 1 to 6 hours per week.

d. Combinations of Hours and Days Per Week

The worker may authorize provision of service within the above limits in any combination of hours and days per week.

e. Combinations of Homemaker and Chore Service

If the worker authorizes provision of chore services in combination with homemaker services, then the combination of homemaker and chore services is subject to the above limitations.

4. Personal Care

If an eligible client requires personal care the worker shall attempt to have it provided by requesting home health aide services from an appropriate certified home health agency, normally a Visiting Nurse Association, where available.

5. Conversion From the Non-Contracted to the Contracted Program

a. Existing Clients

1) Upon conversion to contracts, clients already receiving services from the Department provided by a homemaker agency will continue to receive services from that agency if it has a contract with the Department.

2) If a homemaker agency does not receive a contract from the Department, any client receiving services from the non-contracted agency shall be offered the service, if available, from a contracted homemaker agency.

a) If a client refuses service from an alternative contracted agency, the worker shall terminate the service by issuing a 10-day notice. Because the change to a contracted program is based on change in Federal and State law, no appeal will be allowed and the Department will not provide service beyond the 10-day period. If the client re-applies for services, the worker shall treat the client as a new client.

b) If no alternative contracted services are available, the worker shall terminate the service, because the change to a contracted program is based on a change in Federal and State law and because no contracted resource is available, by issuing a 10-day notice and notify the client of the right of appeal.

(1) If the client appeals within 10 days of the date of the notification, service shall continue from the non-contracted agency through the appeal process. If the client receives a favorable decision from the appeals division, service from the non-contracted agency may be continued until a contracted agency becomes available or until the client ceases to be financially or program-

a. Existing Clients (cont'd)

matically eligible for the service.

(2) If the client does not apply for an appeal or the appeal request is not timely, service shall not continue beyond the 10-day notification period. If the client re-applies for service, the worker shall treat the client as a new client.

3) If a client who is receiving services from a contracted agency needs an increase in the amount of service as determined by the worker, and no contracted resource can provide the increased amount, the worker will place the client on a waiting list for the increased amount.

b. New Clients

Clients who apply for service after the contracted system is implemented, and who meet financial and programmatic requirements for the service, will be offered service, if available, from a contracted homemaker agency. If no contracted services are available, the worker shall consider with the client whether alternative services are available and appropriate and shall provide such services if they are available and appropriate. If they are not, the worker shall place the client on a homemaker service waiting list.

c. Waiting List Use and Criteria

1) Waiting lists will be kept by each Community Service Area Office and used for:

   a) Clients receiving contracted services who need an increased amount of service for which no contracted resource is available.

   b) Clients who request services for whom no contracted resource is available or who are receiving non-contracted services pending an appeal decision.

2) When a contracted resource becomes available, the Community Service Area office shall provide service by selecting from the waiting list according to the following criteria:

a) Waiting lists shall be kept by date and hour of the original request for services. The client with the earliest date and hour of request will have priority.

b) If more than one client has the same date and hour of request, the first client in alphabetical order will have priority.

c) The CSA Directors or their designees have final approval of all selections from the waiting list.

C. Homemaker Service Rates

The two unit rates for homemaker services are the hourly unit rate and the 24-hour service unit rate.

1. Hourly Unit Rate

The worker shall authorize payment for homemaker services at the hourly unit rate established by the contract with the provider agency. The worker may authorize payment for homemaker transportation costs if transportation is not included in the unit rate. Public transportation (bus or MBTA) will be utilized as the first resource. When a car is used, the worker may authorize allowance of up to 12 cents per mile. The supervisor of social services shall approve transportation costs.

2. 24-Hour Service Unit Rate

The worker may authorize 24-hour service only at the 24-hour service unit rate established by the contract with the provider agency. 24-hour service may not be authorized at the hourly unit rate on a shift basis.

D. Redetermination of Need and Re-Authorization of Service

The worker shall review continued use of the service as provided for in the Social Service Plan, but the worker shall redetermine the need for homemaker services and re-authorize provision of homemaker service no later than every 3 months after initial authorization and each subsequent re-authorization. The worker shall redetermine the client's need for homemaker service by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The worker shall contact and work with the homemaker agency

D. Redetermination of Need and Re-Authorization of Service (cont'd)

supervisor when reviewing service use and redetermining need. The worker shall reduce the amount of service authorized when the client's need for service diminishes.

I. DEFINITION

Homemaker services provide care of individuals in their own homes and help to individuals in maintaining, strengthening, and safeguarding their functioning in the home through the services of a trained and supervised homemaker.

Homemaker services may be provided during times of stress such as the temporary absence of the caretaker, e.g., spouse or other relative, due to illness, or to improve home management and household skills, or to help elderly or disabled individuals to function after a period of illness, etc. Homemaker services may include, but are not limited to: care and supervision of persons; non-medical care for an ill or disabled person; routine light housekeeping including light laundry; planning, preparation and serving of meals; and instruction in homemaking and household skills.

II. ELIGIBILITY

Homemaker services are available to persons who are current applicants for or recipients of SSI-OAA and SSI-DA. Eligibility of individuals in these groups for homemaker services is also contingent upon a social or medical diagnosis confirming the need for the service, and authorization of the service can be approved only after consultation between the social service worker and the social service supervisor.

In those cases in which a person requests 20 or more hours of homemaker service per week, eligibility for the service shall be established through a social diagnosis and, when the social service worker determines that the client's need for homemaker service arises from a medical condition, a medical diagnosis confirming the need for services to supplement the social diagnosis. A social diagnosis shall be based on a personal interview with the client through office visit or home visit. In the social diagnosis, the client's emotional, physical, and medical needs shall be considered in the context of the client's functional abilities, the home environment including the lay out of the home and the availability of other people in the home for support, the availability of other formal and informal services, and the purposes of homemaker services. The supervisor of social services must approve provision of the service prior to its authorization.

III. REDETERMINATION OF ELIGIBILITY

Continued use of the services will be reviewed as provided by the Social Service Plan, but eligibility for homemaker services must be

III. REDETERMINATION OF ELIGIBILITY (cont'd)

redetermined no later than every 90 days from the date of authorization.

In redetermining eligibility for 20 or more hours of homemaker service per week, the social service worker shall reassess the client's need for service by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The social service worker shall reduce the amount of service authorized when the client's need for service diminishes.

IV. METHOD OF PROVISION

Homemaker services to the aged and disabled are provided directly by a Department homemaker staff member in those service areas where such staff exist, or by referral to a Home Care Corporation where such organizations exist for services to SSI-OAA recipients, or by a homemaker staff member of an agency accredited by the Massachusetts Board of Accreditation from which the Department purchases services on a contracted or non-contracted basis.

The applicant contacts the local social service worker to apply for homemaker services. After following eligibility determination procedures, the social service worker documents the need for services in the case record and in the Social Service Plan. In addition to a social diagnosis, or medical diagnosis, or both, documentation includes consideration of providing other social services to help maintain the client in addition to or instead of homemaker services. Service of hourly units or for 24-hour periods may be authorized. The plan must include the number of hours per day, the number of days per week, and the time period for which services are authorized. Twenty-four-hour service will be considered whenever possible as a short-term service and, when authorized, the social service worker will carefully consider alternative or additional services. The social service worker then contacts the Department homemaker staff or the agency providing the service. In service areas where Home Care Corporation exist, those organizations will be considered before other resources for SSI-OAA clients.

The rate approved for non-contracted purchase of service from homemaker agencies is the hourly unit rate established by the Department's Office of Social Services (Central Office) with the provider agency,

IV. METHOD OF PROVISION (cont'd)

plus transportation costs, if transportation is not included in the unit rate, Public transportation shall be utilized as the first resource (bus or MBTA). Allowance of up to twelve cents a mile may be authorized when a car is used. Transportation costs shall be approved by the supervisor. Twenty-four-hour care may be authorized at a daily rate established by the Department's Office of Social Services (Central Office) with the provider agency.

The period of service authorized depends on the needs of the client as ascertained by the social service worker and approved by the supervisor. After 180 days, hourly units of homemaker service will be approved by the Associate Regional Administrator for Social Services or his designee. If 24-hour service is authorized, such service will be approved after 30 days by the Associate Regional Administrator for Social Services or his designee.

C. Verification of income eligibles is done by recording in the case record or photocopying acceptable documentation of gross monthly income.

D. Verification of eligibility of G.R. recipients shall be done by contacting the Assistance Payments Division.

(See Chapter I- Social Service Policy Manual

re: Eligibility for Social Services)

STEP 6. When a client is ineligible for Department services, the worker will offer the client Information and Referral Services. (Follow-up will be done only for eligible clients.)

STEP 7. When a client is eligible for social services, the worker forwards the Request for Services Form SOC-1, the Application Form SOC-3, and any other relevant forms to the Master File Clerk on the same day as the Application Form is completed (see Master File.)

STEP 8. If a person is eligible for services, either of the following would apply:

A. Joint client-worker development of the Service Plan: Client and IRF worker together determine the goals, barriers, and services needed by the client, Worker completes the Service Plan Worksheet SOC-5-1 and the Service Plan SOC-5.

1. When the client requests 20 or more hours of homemaker services per week, the worker performs a social diagnosis and, when the worker determines that the client's need for homemaker services arises from a medical condition, obtains a medical diagnosis, confirming the need for services, to supplement the social diagnosis,

B. Client is referred to a Generalist worker for Service Plan development. This occurs when there is:

1. a situation requiring protective services

2. a placement is being requested

3. more than one defined service requested

4. a complex case where more than one defined service is indicated

STEP 9. When the IRF worker completes the Service Plan he may authorize the service needed by the client and for which he is eligible, using the Purchase of Service Authorization POS-8 when such a service is being purchased.

PROCEDURES (FAMILY OR INDIVIDUAL)

The Generalist worker's primary responsibility is to provide case management services to clients receiving social services either directly from the Department or purchased by the Department. He shall, in many cases, provide direct services to eligible families and individuals.

He shall receive from the IRF Unit, after eligibility for social services has been determined, the following types of cases for which he must develop the Service Plan with the client:

a. Cases where more than one defined service is requested.

b. Complex cases where more than one defined service is indicated.

c. He shall also receive all other cases acted upon by this IRF worker for which case management is required. The IRF worker transfers all such cases to a Generalist Unit, unless a Specialist Unit or a contracted provider is to provide full case management. The IRF worker will have completed a Service Plan and authorized social services for those clients requesting one defined service from the Department. The IRF worker may have completed the Service Plan and authorized social services in response to a crisis situation.

The following are the steps to be taken by a Generalist once he receives a case for which he must develop the Service Plan with the client (a and b above):

STEP 1 Generalist receives the case from the IRF Unit and records such in the case record (see Master File).

STEP 2 Generalist reviews case material and contacts client.

STEP 3 Generalist and client together assess the client's situation and jointly agree to the Service Plan. The goals, barriers and services requested and needed by the client are further identified, Generalist fills in the Social Service Plan Worksheet SOC 5-1 and the Service Plan SOC-5. When the client requests 20 or more hours of homemaker services per week, the Generalist performs a social diagnosis and, when the Generalist determines that the client's need for homemaker services arises from a medical condition, obtains a medical diagnosis, confirming the need for services, to supplement the social diagnosis.

STEP 4 When the Service Plan is completed, the Generalist may authorize the services needed by the client and for which he is eligible, using the Purchase of Service Authorization Form POS-8 when such services are to be purchased (see instructions for the POS-8).

STEP 5 On all referrals to outside agencies, the worker shall complete the Referral for Services Form SOC-9.

d. Verification of eligibility for GR recipients shall be done by contacting the Assistance Payments Division.

(see Chapter I-Social Services Policy Manual regarding Eligibility for Social Services).

STEP 11 The Generalist shall redetermine eligibility for specific services received by the client. The worker shall redetermine eligibility for a specific service 6 months from the date of the completed Service Plan or more frequently if Department policy prescribes such for the specific service. Whenever there is a change on the client's Application Form or a request for a change in the Service Plan, the worker shall review and update the existing Service Plan or complete a new Service Plan with the client. In redetermining eligibility for 20 or more hours of homemaker service per week, the Generalist shall reassess the client's need for service by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The Generalist shall reduce the amount of service authorized when the client's need for service diminishes.

STEP 12 The Generalist shall re-authorize services for the client and/or authorize any additional services, using the Purchase of Service Authorization Form POS-8 when such services are being purchased (see instructions for the POS-8).

STEP 13 The Generalist provides on-going case management to the family or individual.

N.B. Steps 8 - 13 are the only steps which apply when the Generalist is monitoring cases.

Social Workers shall make family planning services known and available to all eligible families and individuals who desire them. Eligible persons considering or requesting family planning services shall be told and given assurances that:

1. Participation is voluntary and has no bearing on eligibility for any of the Department's financial or social service programs.

2. The moral, religious and cultural values and convictions of the individual and the family will be safeguarded. When any of these values are in conflict and the person wishes advice, he or she will be encouraged and assisted to seek the counseling and guidance most appropriate and helpful.

3. The individual who wishes family planning services will be informed of the full range of medical and clinical resources and services available in order to make a suitable selection, and will be encouraged to make medical decisions on sound medical and social advice.

4. Department services shall not discriminate against any person on the basis of race, religion, age, sex, marital status or parenthood. In those instances where contraceptive services are requested, the individual's legal status under the laws of the Commonwealth will be the responsibility of the physician providing medical services, and parental consent may be requested.

5. Confidentiality will be safeguarded, as it is for other Department services.

IV. ELIGIBILITY FOR SERVICES

People may be eligible for comprehensive family planning services under the Medical Assistance program (Title XIX). Eligibility for family planning under Social Services (Title VI) does not include any medical coverage. An explanation of each program's eligibility regulation follows:

A. Eligibility for Services - Title XIX

Family planning services will be made available to families and individuals who are current recipients of medical assistance as evidenced by possession of a Medicaid Identification Card or who have made application for medical assistance. Persons eligible for these services include SSI/DA and GR recipients, as well as the medically needy, who are of child bearing age.

B. Eligibility for Services - Title VI

Family planning services will be made available to each group as indicated below:

1. Families and individuals who are former recipients of SSI/DA

Those persons who have received an SSI or DA grant within two years prior to the current application for services.

2. Families and individuals who are current recipients of or applicants for SSI/DA

Those persons who are current recipients of SSI/DA and applicants for SSI/DA who have filed an application for SSI with the Social Security Administration and have not as yet received approval or denial of such application.

3. Families and individuals who are potential applicants for or recipients of SSI/DA

Those individuals who are likely to become applicants for or recipients of SSI within five years and who are professionally diagnosed as having a specific disability such as mental retardation, alcoholism, drug addiction, physical handicap, developmental disability or severe emotional distrubance which is consistent with SSI guide-

lines and who have an annual net income level that does not exceed the amount below.

Family Size	Annual Net Income
1	$ 4,644
2	7,080
3	9,544
4	10,644
5	11,644
6	12,544
7 or more	13,444

C. Redetermination of Eligibility

Redetermination of eligibility for family planning services provided under Title VI will be made every six months, when appropriate.

D. Service Coverage and Procedures

1. Information and simplified referral will be available to anyone requesting such service.

2. The non-medical aspects of family planning provided directly by staff of the Department are available to all clients who are eligible under Title VI.

3. Family planning services rendered to eligible recipients under Medical Assistance will follow patterns of reimbursement within the provisions of the Medical Care Plan to certified providers.

E. Appeals

The client has the right to appeal if he believes he has been denied information about or access to family planning services, or that he was pressured or coerced in any way. Appeals may be made in accordance with Chapter VI of the PA Policy Manual.

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F. Staff Participation

Any staff member whose cultural values, conscience, or religious convictions prevent him from participating constructively in providing family planning information or making referrals shall report this circumstance to supervisory staff so that another appropriate staff member may be assigned this function. There shall be no negative implications as a result of such action.

Any staff person dealing directly with clients may not deny information or access to family planning to their clients, nor coerce them to accept the service. If the social worker is unable to function in the offer of family planning information and referral assistance this must be reported to supervisory staff. Supervisors have a responsibility to help staff clarify the nature of their personal conflicts, in a manner which protects the rights of clients to receive the information and services they want. Family planning services are voluntary, and the client has the right to decide whether or not he or she wants the service.

3. Medical examinations, laboratory tests, and contraceptive services rendered by a licensed physician of the client's choice.

4. Medical consultation, treatment and services.

5. Medical treatment for related conditions, such as venereal diseases or vaginal infections. (Abortion is a separate surgical procedure and not considered as part of family planning services).

6. Prescriptions and supply of medical items.

7. Clinical follow-up.

B. Non-Contracted Arrangements

Private physicians, laboratories, clinics and pharmacies may provide the above items separately as vendors under Title XIX Non-Contracted Arrangements also include transportation necessary to obtain medical treatment.

C. Direct Services

Department social workers will directly provide assistance to clients in the non-medical aspects of family planning which includes the offer and provision of:

1. Information, referral and follow-up.

2. Individual and group counseling.

3. Authorizations for payment of transportation.

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PART 249 - FAMILY FOSTER HOMES

SUBPART C FOSTER PARENT REVIEW SYSTEM

249.001 Authority

These regulations are adopted pursuant to Chapter 18 Sections 2 and 10 of the General Laws of the Commonwealth.

249.002 Introduction

The Foster Parent Review System provides an opportunity for foster parents to express their opinions at an impartial review when informal efforts at resolution have been unsuccessful.

249.003 Definitions

The following words and phrases when used in this subpart shall be construed as follows:

a. Foster parents - any person approved by the Department as a foster parent in accordance with the Department's Child Welfare Standards.

b. Emergency - any situation in which the life, health or emotional well being of a child in care and custody of the Department is endangered.

c. Days - as used herein shall mean working days.

d. Committee - as used herein shall mean Regional Review Committee described in Section 249.007.

249.004 Initiation of Review

Requests for a review may be initiated only by the foster parents of the child affected by the decision.

249.005 Decisions Subject to Review

The following Department decisions are subject to review:

a. Transfer of a foster child to another foster home or group care facility but not when a child has been returned to a relative, parent or guardian.

b. Closure of a foster home.

c. Removal of a foster child for adoption when the foster parents have expressed an interest in adoption but have not been considered by the Department (in accordance with GL 119, Section 23 (f)).

249.006 Removal of Child from Foster Home

a. A child may be removed from a foster home without prior written notification only when the Associate Regional Administrator for Social Services determines that an emergency exists. The Department shall notify foster parents as to the reasons for removal within five days after the removal.

b. Except as provided in sub-section a. above the Department shall give to the involved foster parents ten days prior notice in writing of the decision and the reason for the decision to transfer a child to another foster home, or group care facility or to close a foster home.

c. Except as provided in sub-section a. of this section no child shall be transferred to another foster home or group care facility and no foster home shall be closed pending an appeal to the Committee.

249.007 Regional Review Committee

There shall be a Regional Review Committee in each Regional Office.

The Committee shall review decisions and make recommendations affecting foster homes located within its Region when such decisions are within the scope of the review system.

Each Committee shall be composed of five persons appointed for a term of two years starting January 1, 1977 and every second January 1 thereafter, subject to recall, reappointment, or removal by the appointing authority as follows:

a. The Associate Regional Administrator for Social Services of each Region shall appoint two members of the Committee and two alternates. The appointees shall be employees at the Supervisory level or Regional Office Administrative level.

b. The Regional Chapters of the Massachusetts Foster Parents Association shall elect four persons, two of whom shall serve as members of the Committee and two of whom shall be designated as alternates.

c. The four members of the Committee appointed under subsections a. and b. above shall by majority vote appoint a fifth member, other than an employee or foster parent, to the Committee. This person shall serve as Chairperson.

249.008 Confidentiality of Hearings and Records

Members of the Committee are subject to the laws of confidentiality and this shall be pointed out by the Chairperson to the Committee members at the beginning of each hearing. Hearings and records of the hearings are to be regarded as confidential.

249.009 Voting

Each member shall have one vote, except the Chairperson, who may vote only to break a tie.

249.010 Quorum

All members of the Committee or their designated alternates must be present at a hearing.

249.011 Conflict of Interest

No member of the committee shall review any decision if (s)he has been involved in that decision prior to review or (s)he has personal knowledge of the case.

249.012 Record Maintenance

The Chairperson shall be responsible for the maintenance of records generated by the review board. Such records shall be maintained at the Regional Office in which the Committee sits.

249.013 Annual Report

The Chairperson shall compile an Annual Report on his respective Regional Review Committee. The Annual Report shall include the following information:

a. Number of reviews requested.

b. Number of recommendations upholding original Department actions.

c. Number of recommendations rescinding original Department actions.

d. Number of recommendations modifying original Department actions.

e. Number of recommendations reviewed by the Office of the Assistant Commissioner for Social Services.

f. Names and addresses of Chairperson, Committee members and alternates.

g. Number of reviews outstanding.

249.014 Submission of Annual Report

The Chairperson of the Regional Review Committee shall submit the Annual Report by January 15th to the Regional Administrator.

249.015 Initiation of Review Process

Whenever a disagreement arising from a decision of the social worker within

the scope of the Review System cannot be informally settled between the foster parents and the social worker assigned to the child, the foster parent shall as a precondition to all subsequent reviews request a conference with the Supervisor of Social Services of said social worker within five (5) days of the receipt of written notice of the decision.

249.016 Supervisor's Conference

Upon receipt of a request for a conference from the foster parents concerning a decision within the scope of the review system, the Supervisor shall schedule a conference to occur within five (5) days. In the case of a decision to remove a child from a foster home or close a foster home, implementation of the decision must be suspended pending the review unless an emergency exists (as defined under Section 249.003-b).

The Supervisor shall notify the foster parents and the social worker of the date, time and location of the conference. Also the C.S.A./W.S.O. Director or an appropriate designee shall be present at the conference. At the conference, the social worker shall present his or her reasons for making the decision and the foster parents shall present their reasons for requesting a rescission or modification of the decision.

Upon completion of the conference, the C.S.A./W.S.O. Director or his designee shall within three (3) days issue a written memorandum to the social worker and the foster parents affirming, rescinding, or modifying the original decision of the social worker. Such memorandum shall contain notice of the right to further review and explain the procedures therefor.

249.017 Request for Regional Review Committee Hearing

If the foster parent remains dissatisfied with the decision of the Department the foster parent must within five (5) days after receipt of the memorandum from the C.S.A./W.S.O. Director or his designee, submit a signed written request for a hearing by the Committee to the Associate Regional Administrator for Social Services of the Region in which the foster home is located. The Associate Regional Administrator for Social Services shall immediately notify the Chairperson of the Committee of the request for a hearing.

The Chairperson shall schedule a review to occur within fourteen (14) days of the receipt of said request and provide written notice of said review to the foster parents, social worker, and members of the Committee at least seven (7) days prior to the hearing.

249.018 Contents of Notice

Notice shall indicate the time, place and date of said review.

249.019 Review Hearing

The Review Hearing shall be conducted as follows:

a. The Chairperson shall preside at the review hearing.

b. All members of the Committee shall be given the opportunity to question witnesses and to examine the evidence.

c. The C.S.A./W.S.O. Director or his designee shall appear at the hearing and present reasons for the decision at issue. (S)he shall support such reasons with oral evidence including the testimony of witnesses or written evidence which may include documentary evidence. The involved social worker and supervisor shall also be present.

d. The foster parents:

   1. shall submit to the Committee reasons for rescinding or modifying the Department's decision,

   2. may support such reasons with oral evidence including the testimony of witnesses or written evidence including documentary evidence,

   3. may examine and introduce evidence from their foster home records, or pertinent Department documents,

   4. may question witnesses of the Department and

   5. may be assisted by a representative of their choice.

e. All testimony shall be given under oath.

f. The Committee may adopt such other rules and procedures as may assist them in ascertaining the facts, if not otherwise inconsistent with this section.

249.020 Recommendations of the Regional Review Committee

Within five (5) days of the hearing the Committee shall submit to the Associate Regional Administrator for Social Services a written report which shall include the findings of the majority as to the relevant facts and policies and their recommendation to uphold, rescind or modify the Department decision. The recommendation shall be based on the child's best interest.

249.021 Decision of the Associate Regional Administrator for Social Services

The Associate Regional Administrator for Social Services, within five (5) days of receipt of the recommendation of the Committee, shall notify the foster parents or representative and the social worker in writing of his decision to adopt or reject the recommendation of the Committee. The Associate Regional Administrator for Social Services shall adopt the recommendation of the Review Committee unless (s)he finds that:

a. the recommendation violates the laws of the Commonwealth,

b. the recommendation exceeds the authority or jurisdiction of the Review Committee,

c. the recommendation is arbitrary or capricious,

d. the Associate Regional Administrator for Social Services has new information not available to or considered by the Committee, in which case the matter shall be submitted to the Committee for a new hearing, or

e. the recommendation is not in the best interest of the child.

249.022 Decision to Remove the Child or Close Foster Home

a. If the Associate Regional Administrator for Social Services decides to adopt the Committee's recommendation that the child be removed from the foster home or to close the foster home, (s)he shall so notify the foster parents in writing, specifying what steps are being taken to implement that decision and shall inform the foster parents of their right to request a review of the decision by the Assistant Commissioner for Social Services within ten (10) days under the provisions of sub-section 249.024 (below). The Associate Regional Administrator for Social Services shall thereupon arrange for the removal of the child from the foster home or the closing of the foster home. However, the Associate Regional Administrator for Social Services may at his or her discretion, further postpone removal of the child or closing of the home pending review by the Assistant Commissioner for Social Services. Such further postponement of removal or closing shall not be considered a matter of right for the foster parent.

b. If the Associate Regional Administrator for Social Services decides to remove the child from the foster home or to close the foster home despite a recommendation by the Committee that the child not be removed or that the home not be closed, (s)he shall notify the foster parents of that decision and shall send the case to the Assistant Commissioner for Social Services for review. Notice to the foster parents shall indicate that the case is being reviewed by the Assistant Commissioner for Social Services and that no formal request for review is necessary. No further action shall be taken to remove the child or close the home except upon instruction from the Assistant Commissioner for Social Services.

229.023 Decision Not to Remove the Child or Not to Close the Foster Home

If the Associate Regional Administrator for Social Services decides not to remove the child or not to close the foster home (s)he shall so notify the foster parents and social worker and (s)he shall have the case reassigned to

CHORE SERVICES
TO THE DISABLED

I. Authority

The Department of Public Welfare provides chore services under the provisions of Section 2 of Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Chore services are provided:
    a. by an individual secured
        1) by the client, or
        2) by the social service worker, or
    b. by a staff member of an agency from which the Department purchases services on a contracted basis.

2. The applicant shall contact the local social service worker to apply for chore services. After determining eligibility and determining and documenting the need for service in the Social Service Plan and the case record, the worker shall arrange for service with the chore person selected or contact the agency providing the service.

3. The client may select a person from the community to perform chore services. This may include a friend, a neighbor, or a relative who does not live in the client's home. If necessary the social service worker should make efforts through the client's family or community contacts to assist the client in finding the proper person to perform approved chores.

B. Purpose of Service

The Department shall provide chore services to enable eligible individuals to remain in their own homes when they or other household members are unable to perform such tasks by themselves, and the activities do not require the services of a trained and supervised homemaker or other specialist.

III. Definitions

The following words shall have the following meanings herein unless the context requires otherwise.

A. Agency

"Agency" when used alone means an agency which provides chore services to the Department.

B. Chore Services

"Chore services" means the performance of houshold tasks, essential shopping, simple household repairs, and other work necessary to enable families to remain in their own homes. Service is performed by individuals selected by the client or the social service worker or by staff members of agencies which provide chore services to the Department.

C. Department

"Department"means the Department of Public Welfare when used alone without any other state agency title.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be requested from a certified home health agency,which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means chore services.

F. Worker

"Worker" when used alone means the local social service IRF or Generalist worker.

IV. Eligible Groups

Disabled individuals who are current recipients of SSI-DA are eligible for chore services subject to the conditions and limitations contained in this policy.

V. Service Need Criteria

The worker may authorize provision of service to eligible individuals for the purposes stated in II.B., depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible individuals in this category who are recovering at home, from acute medical or mental illness, after hospitalization for in-patient care.
2. The worker may authorize provision of service to a person such as a spouse or other relative who is an SSI of AFDC recipient, and who lives with the hospitalized individual, and who cannot function in the absence of that individual and is in danger of institutionalization due to the absence of the hospitalized individual.

B. Supportive

The worker may authorize provision of service to eligible individuals who, despite their physical or mental infirmities, are able to remain at home and to take care of personal needs and be left alone safely but could not function without service.

C. Maintenance

The worker may authorize provision of service to eligible individuals when they are mostly independent but need occasional assistance with household tasks and repairs to remain in their own homes.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for chore services prior to authorizing the service. This is a professional judgement which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion. The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations described in VIII. B. For instance, if a family member is periodically available after work or after school to perform tasks which the client cannot perform but which a chore person might perform, a need does not exist during those periods or for the performance of those tasks. In determining the extent of need, the worker shall consider other social services which might help the client instead of or in addition to chore services. The worker shall also consider obtaining nursing home or other institutional care when appropriate. If a client, particularly an elderly client who is living alone, requires service beyond the limits allowed, and in fact needs constant supervision which cannot be provided by anyone living in the home to assure adequate medical care and nutrition, help with personal care and functioning, and protection of the client and others, then institutional care may be an appropriate service.

1. Social Diagnosis

To determine the need for chore services, the worker shall make a social diagnosis, based on a personal interview with the client by office visit or home visit. In the social diagnosis, the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities, the home environment, including the layout of the home and the availability of other people in the home for support, the availability of other formal and informal services, and the purposes of, and criteria of need for, chore services.

2. Medical Opinion

When chore services are to be provided because of a medical condition, such as hospitalization or an ongoing medical condition, the worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical supervision of the client and provide sufficient

current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to be provided, as this is best decided by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

a. Sources of Medical Opinion

The worker may request a medical opinion from such current medical supervisors as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical supervision, and medical needs are not being met, the worker shall attempt to obtain such supervision and opinion by requesting a nursing assessment from an appropriate certified home health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing Social Diagnosis Prior to Authorizing Service

a. In those cases where the primary caretaker becomes institutionalized and service is required upon discharge and return home, the worker may authorize provision of service upon receipt of the request, if it is made on or near the date of discharge, for a period, depending upon the needs of the individual, up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. In those cases where an individual has been institutionalized, and a person who lives with and cannot function without that individual, as described in V.A.2., needs service immediately, the worker may authorize provision of service for a period up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client the worker shall document the need for services in the Social

Service Plan and in the case record. Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service need, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons for Fiscal Reasons

Chore Services to the Disabled are provided subject to the availability of funds. Should legislative appropriations for chore services be insufficient to continue the provision of such services to persons in all of the categories of service need (V. A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Chore Services

A. Description

Chore services include the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable individuals to remain in their own homes.

B. Service Limitations

1. Available Family Member

The worker may authorize provision of chore services to eligible individuals only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits but the worker may not authorize provision of service beyond these limits unless an exception is granted by the

Associate Regional Administrator for Social Services as described below.

b. Exceptions

The worker may request an exception to time limitations, only up to the limit stated below in the Exceptions section of each Category Limit, from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a Category Limit is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission,

3) prevent institutional placement,

4) prevent foster care placement of children,

when none of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception.

An exception may be granted only once in any time period during which a client remains in a service need category.

In no event shall a social worker request,or an Associate Regional Administrator for Social Services grant, an exception with limits greater than those specifically stated in each category limit below in paragraph c.

The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

c. Category Limits

1) Acute Episode

a) During recovery at home of the eligible individual, the worker may authorize provision of service from 1 to 40 hours per week for a period, depending on the individual's needs, up to a maximum of 4 weeks.

Exception: The Associate Regional Administrators may approve provision of service up to 24 hours per day for the same period up to a maximum of 4 weeks.

b) The worker may authorize provision of service to an eligible individual, who lives with the hospitalized person and who cannot function without that person, up to a maximum of 24 hours per day for a period, depending on the length of the hospitalized person's absence, up to a maximum of 6 weeks.

Exception: None.

2) Supportive

The worker may authorize provision of service to eligible individuals in this category from 7 to 25 hours per week, depending on the individual's needs.

Exception: The Associate Regional Administartor may approve provision of service up to a maximum of 40 hours per week for a period up to a maximum of 3 months.

3) Maintenance

The worker may authorize provision of service to eligible persons in this category from 1 to 6 hours per week.

Exception: None.

d. Combinations of Hours and Days Per Week

The worker may authorize provision of service within the above limits in any combination of hours and days per week.

e. Combinations of Homemaker and Chore Service

If the worker authorizes provision of chore services in combination with homemaker services, then the combination of homemaker and chore services is subject to the above limitations.

3. Personal Care

If an eligible client requires personal care the worker shall attempt to have it provided by requesting home health aide services from an appropriate certified home health agency, normally a Visiting Nurse Association, where available.

C. Chore Service Rates

The worker shall authorize payment for chore services purchased from agencies at the hourly unit rate established by the contract. The worker may authorize payment for chore services purchased from individuals at the prevailing hourly rate in the community, depending on the type of chore involved, up to a maximum of $2.65 per hour, plus transportation costs if transportation is not included in the hourly rate. Public Transportation (bus or MBTA) will be used as a first resource. When a car is used, the worker may authorize allowance of up to 12 cents per mile. The supervisor of social services shall approve transportation costs.

D. Redetermination of Need and Re-Authorization of Service

The worker shall review continued use of the service as provided for in the Social Service Plan, but the worker shall redetermine the need for chore services and re-authorize provision of service no later than every 3 months after initial authorization and each subsequent re-authorization. The worker shall redetermine the need for services by reviewing the social diagnosis through a personal interview with the client by office visit of home visit. The worker shall reduce the amount of service provided when the client's need for service diminishes.

I. Authority

The Department of Public Welfare provides chore services under the provisions of Section 2 of Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Chore services are provided:
    - a. by an individual secured
        - 1) by the client, or
        - 2) by the social worker, or
    - b. by a staff member of an agency from which the Department purchases services on a contracted basis.
2. The applicant shall contact the local social service worker to apply for chore services. After determining eligibility and determining and documenting the need for service in the Social Service Plan and the case record, the worker shall arrange for service with the chore person selected or contact the agency providing the service.
3. The client may select a person from the community to perform chore services. This may include a friend, a neighbor, or a relative who does not live in the client's home. If necessary the social service worker should make efforts through the client's family or community contacts to assist the client in finding the proper person to perform approved chores.
4. The Department will transfer complete program responsibility for providing chore services to elderly (SSI-OA) clients to the Department of Elder Affairs by June 30, 1977. The transfer will be accomplished according to a phased schedule. The procedures governing each phase will be announced by a separate Social Services Letter. The transfer will affect applicants and existing clients as follows:

a. The Department will no longer provide chore services to existing elderly client or applicants who are residents of those cities and towns in which the transfer has been completed.

   1) SSI-OA clients who are currently receiving chore services from the Department of Public Welfare will be transferred to the Department of Elder Affairs social service delivery system according to the phased schedule.

   2) DPW intake will be closed according to the phased schedule. SSI-OA recipients who wish to apply for chore services after the transfer date in their area will be referred to the Department of Elder Affairs social service delivery system.

b. The Department will continue to provide chore services to elderly clients until they are transferred and to accept applications from elderly applicants from areas where intake is still open.

c. In those areas where DPW intake has been closed, the Department of Elder Affairs has sole responsibility for providing chore services to elderly (SSI-OA) clients who wish to apply for services. In those areas where DPW intake has been closed and existing clients have been transferred, the Department of Elder Affairs has sole responsibility for providing chore services to elderly (SSI-OA) clients.

B. Purpose of Service

The Department shall provide services to enable eligible individuals to remain in their own homes when they or other household members are unable to perform such tasks by themselves, and the activities do not require the services of a trained and supervised homemaker or other specialist.

III. Definitions

The following words shall have the following meanings herein unless the context requires otherwise.

A. Agency

"Agency" when used alone means an agency which provides chore services to the Department.

B. Chore Services

"Chore services" means the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable families to remain in their own homes. Service is performed by individuals selected by the client or the social service worker or by staff members of agencies which provide chore services to the Department.

C. Department

"Department" means the Department of Public Welfare when used alone without any other state agency title.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be required from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means chore services.

F. Worker

"Worker" when used alone means the local social service IRF or Generalist worker.

IV. Eligible Groups

Elderly individuals who are current recipients of SSI-OA are eligible for chore services subject to the conditions and limitations contained in this policy.

V. Service Need Criteria

The worker may authorize provision of service to eligible individuals for the purposes stated in II. B., depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible individuals in this category who are recovering at home, from acute medical or mental illness, after hospitalization for in-patient care.

2. The worker may authorize provision of service to a person such as a spouse or other relative who is an SSI or AFDC recipient, and who lives with the hospitalized individual, and who cannot function in the absence of that individual and is in danger of institutionalization due to the absence of the hospitalized individual.

B. Supportive

The worker may authorize provision of service to eligible individuals who, despite their physical or mental infirmities, are able to remain at home and to take care of personal needs and be left alone safely but could not function without service.

C. Maintenance

The worker may authorize provision of service to eligible individuals when they are mostly independent but need occasional assistance with household tasks and repairs to remain in their own homes.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for chore services prior to authorizing the service. This is a professional judgment which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion. The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations

described in VIII. B. For instance, if a family member is periodically available after work or after school to perform tasks which the client cannot perform but which a chore person might perform, a need does not exist during those periods or for the performance of those tasks. In determining the extent of need, the worker shall consider other social services which might help the client instead of or in addition to chore services. The worker shall also consider obtaining nursing home or other institutional care when appropriate. If a client, particularly an elderly client who is living alone, requires service beyond the limits allowed, and in fact needs constant supervision which cannot be provided by anyone living in the home to assure adequate medical care and nutrition, help with personal care and functioning, and protection of the client and others, then institutional care may be an appropriate service.

1. Social Diagnosis

To determine the need for chore services, the worker shall make a social diagnosis, based on a personal interview with the client by office visit or home visit. In the social diagnosis, the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities, the home environment, including the layout of the home and the availability of other people in the home for support, the availability of other formal and informal services, and the purposes of, and criteria of need for, chore services.

2. Medical Opinion

When chore services are to be provided because of a medical condition, such as hospitalization or an ongoing medical condition, the worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical supervision of the client and provide sufficient current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to be provided, as this is best made by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

a. Sources of Medical Opinion

The worker may request a medical opinion from such current medical supervisors as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical supervision, and medical needs are not being met, the worker shall attempt to obtain such supervision and opinion by requesting a nursing assessment from an appropriate certified home health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing Social Diagnosis Prior to Authorizing Service

a. In those cases where the primary caretaker becomes institutionalized and service is required upon discharge and return home, the worker may authorize provision of service upon receipt of the request, if it is made on or near the date of discharge, for a period, depending upon the needs of the individual, up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. In those cases where an individual has been institutionalized, and a person who lives with and cannot function without that individual, as described in V. A. 2., needs service immediately, the worker may authorize provision of service for a period up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client the worker shall document the need for services in the Social Service Plan and in the case record. Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service need, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons for Fiscal Reasons

Chore Services to the Elderly are provided subject to the availability of funds. Should legislative appropriations for chore services be insufficient to continue the provision of such services to persons in all of the categories of service need (V. A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Chore Services

A. Description

Chore services include the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable individuals to remain in their own homes.

B. Service Limitations

1. Available Family Member

The worker may authorize provision of chore services to eligible individuals only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits but the worker may not authorize provision of service beyond these limits unless an exception is granted by the Associate Regional Administrator for Social Services as described below.

b. Exceptions

The worker may request an exception to time limitations, only up to the limit stated below, in the Exceptions section of each Category Limit, from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a Category Limit is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission,

3) prevent institutional placement,

4) prevent foster care placement of children,

when none of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception.

An exception may be granted once in any time period during which a client remains in a service need category.

In no event shall a social worker request or an Associate Regional Administrator for Social Services grant an exception with limits greater than those specifically stated in each category limit below in paragraph c.

The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

c. Category Limits

1) Acute Episode

a) During recovery at home of the eligible individual, the worker may authorize provision of service from 1 to 40 hours per week for a period, depending on the individual's needs, up to a maximum of 4 weeks.

Exception: The Associate Regional Administrators may approve provision of service up to 24 hours per day for the same period up to a maximum of 4 weeks.

b) The worker may authorize provision of service to an eligible individual, who lives with the hospitalized person and who cannot function without that person, up to a maximum of 24 hours per day for a period, depending on the length of the hospitalized person's absence, up to a maximum of 6 weeks.

Exceptions: None.

2) **Supportive**

The worker may authorize provision of service to eligible individuals in this category from 7 to 25 hours per week, depending on the individual's needs.

Exception: The Associate Regional Administrator may approve provision of service up to a maximum of 40 hours per week for a period up to a maximum of 3 months.

3) **Maintenance**

The worker may authorize provision of service to eligible persons in this category from 1 to 6 hours per week.

Exceptions: None

d. **Combinations of Hours and Days Per Week**

The worker may authorize provision of service within the above limits in any combination of hours and days per week.

e. **Combinations of Homemaker and Chore Service**

If the worker authorizes provision of chore services in combination with homemaker services, then the combination of homemaker and chore services is subject to the above limitations.

3. Personal Care

If an eligible client requires personal care the worker shall attempt to have it provided by requesting home health aide services from an appropriate certified home health agency, normally a Visiting Nurse Association, where available.

C. Chore Service Rates

The worker shall authorize payment for chore services purchased from agencies at the hourly unit rate established by the contract. The worker may authorize payment for chore services purchased from individuals at the prevailing hourly rate in the community, depending on the type of chore involved, up to a maximum of $2.65 per hour, plus transportation costs if transportation is not included in the hourly rate. Public transportation (bus or MBTA) will be used as a first resource. When a car is used, the worker may authorize allowance of up to 12 cents per mile. The supervisor of social services shall approve transportation costs.

D. Redetermination of Need and Re-Authorization of Service

The worker shall review continued use of the service as provided for in the Social Services Plan, but the worker shall redetermine the need for chore services and re-authorize provision of service no later than every 3 months after initial authorization and each subsequent re-authorization. The worker shall redetermine the need for services by reviewing the social diagnosis through a personal interview with the client by office visit or home visit. The worker shall reduce the amount of service provided when the client's need for service diminishes.

1. (Con't)

the worker shall consider the client's social, emotional, physical, and medical needs in the context of the client's functional abilities, the home environment, including the layout of the home and the availability of other people in the home for support, the availability of other formal and informal services, and the purposes of, and criteria of need for, chore services.

2. Medical Opinion

When chore services are to be provided because of a medical condition, such as hospitalization or an ongoing medical condition, the worker shall request a medical opinion to supplement the social diagnosis. The medical source should provide current medical supervision of the client and provide sufficient current and useful information, including diagnosis, prognosis, and the medical needs of the client, specifying the functions with which the client needs help, on which to base a service recommendation. A medical source need not recommend the number of hours of service to be provided, as this is best made by the worker after completing a social diagnosis. A medical opinion is one source of information for a social diagnosis, but it alone is not sufficient to justify service authorization.

a. Sources of Medical Opinion

The worker may request a medical opinion from such current medical supervisors as the attending hospital physician or hospital discharge unit, or a family physician. If no such source is providing current medical supervision, and medical needs are not being met, the worker shall attempt to obtain such supervision and opinion by requesting a nursing assessment from an appropriate certified home health agency, normally a Visiting Nurse Association.

3. Exceptions to Completing Social Diagnosis Prior to Authorizing Service

a. In those cases where the primary caretaker becomes institutionalized and service is required upon discharge and rereturn home, the worker may authorize provision of service

3. a. (Con't)

upon receipt of the request, if it is made on or near the date of discharge, for a period, depending upon the needs of the individual, up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

b. In those cases where an individual has been institutionalized, and a person who lives with and cannot function without that individual, as described in V. A. 2., needs service immediately, the worker may authorize provision of service for a period up to a maximum of two weeks. Within that period, and prior to further provision of the service, the worker shall complete a social diagnosis.

B. Documentation

After receiving an application for social services from a client the worker shall document the need for services in the Social Service Plan and in the case record. Documentation includes the written social diagnosis, the medical opinion when appropriate, and related correspondence and narrative. The Plan must include the category of service need, the number of hours per day, the days per week, and the time period for which services are authorized.

VII. Termination of Services to Categories of Persons for Fiscal Reasons

Chore Services to the Elderly and Disabled are provided subject to the availability of funds. Should legislative appropriations for chore services be insufficient to continue the provision of such services to persons in all of the categories of service need (V. A-C), the Assistant Commissioner for Social Services may by administrative order transmitted by a Social Services Letter direct that services be terminated to persons within a particular category or categories and/or that no new applications be taken within a particular category or categories.

VIII. Chore Services

A. **Description**

Chore services include the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable individuals to remain in their own homes.

B. Service Limitations

1. Available Family Member

The worker may authorize provision chore services to eligible individuals only when there is no other family member living in the household able to provide proper care as determined through the social diagnosis.

2. Time Limitations

a. Introduction

Listed below are the limits of service that may be authorized in each category of service need. If the need for service is less than these limits, the worker shall authorize provision of services only to the extent of actual need. The social diagnosis may indicate a need for service beyond these limits but the worker may not authorize provision of service beyond these limits unless an exception is granted by the Associate Regional Administrator for Social Services as described below.

b. Category Limits

1) Acute Episode

a) During recovery at home of the eligible individual, the worker may authorize provision of service from 1 to 40 hours per week for a period, depending on the individual's needs, up to a maximum of 4 weeks.

Exception: The Associate Regional Administrators may approve provision of service up to 24 hours per day for the same period up to a maximum of 4 weeks.

b) The worker may authorize provision of service to an eligible individual, who lives with the hospitalized person and who cannot function without that person up to a maximum of 24 hours per day for a period, depending on the length of the hospitalized person's absence, up to a maximum of 6 weeks.

Exceptions: None.

2) The worker may authorize provision of service to eligible individuals in this category from 7 to 25 hours per week, depending on the individual's needs.

   Exception: The Associate Regional Administrator may approve provision of service up to a maximum of 40 hours per week for a period up to a maximum of 3 months.

3) Maintenance

   The worker may authorize provision of service to eligible persons in this category from 1 to 6 hours per week.

c. Exceptions

The worker may request an exception to time limitations from the Associate Regional Administrator for Social Services when the worker determines that the amount of service which can be provided to a client according to a category service limitations is insufficient to

1) allow discharge from an institution,

2) provide sufficient care at home prior to a planned institution admission,

3) prevent institutional placement,

4) prevent foster care placement of children,

when **none** of these alternatives is desirable and that service provided to the amount allowed as an exception will be sufficient. The Associate Regional Administrator upon review of the case may grant or deny the exception. The worker may authorize provision of service at an exception level only after the Associate Regional Administrator has granted the exception.

B. Supportive

The worker may authorize provision of service to eligible individuals who, despite their physical or mental infirmities, are able to remain at home and to take care of personal needs and be left alone safely but could not function without service.

C. Maintenance

The worker may authorize provision of service to eligible individuals when they are mostly independent but need occasional assistance with household tasks and repairs to remain in their own homes.

VI. Determination and Documentation of Need

A. Determination of Need

The worker shall determine the extent of need for chore services prior to authorizing the service. This is a professional judgment which must be substantiated in each case by a social diagnosis and, when appropriate, a medical opinion. The extent of need shall be determined by considering the factors included in the social diagnosis which are discussed below and the service limitations described in VIII. B. For instance, if a family member is periodically available after work or after school to perform tasks which the client cannot perform but which a chore person might perform, a need does not exist during those periods or for the performance of those tasks. In determining the extent of need, the worker shall consider other social services which might help the client instead of or in addition to chore services. The worker shall also consider obtaining nursing home or other institutional care when appropriate. If a client, particularly an elderly client who is living alone, requires service beyond the limits allowed, and in fact needs contant supervision which cannot be provided by anyone living in the home to assure adequate medical care and nutrition, help with personal care and functioning, and protection of the client and others, then institutional care may be an appropriate service.

1. Social Diagnosis

To determine the need for chore services, the worker shall make a social diagnosis, based on a personal interview with the client by office visit or home visit. In the social diagnosis,

D. (Con't)

but are not limited to personal care, ambulation and exercise, assistance with medications that are normally self-administered, and household services essential to health care. Home health aide services may be required from a certified home health agency, which will provide them on the basis of a nursing assessment.

E. Services

"Services" when used alone means chore services.

F. Worker

"Worker" when used alone means the local social service IRF or Generalist worker.

IV. Eligible Groups

Elderly or disabled individuals who are current recipients of SSI-OA and SSI-DA are eligible for chore services subject to the conditions and limitations contained in this policy.

V. Service Need Criteria

The worker may authorize provision of service to eligible individuals for the purposes stated in II. B., depending on the determination of need (see VI. below) and according to service limitations (see VIII. below), who meet the criteria of need included in the following categories:

A. Acute Episode

1. The worker may authorize provision of service to eligible individuals in this category who are recovering at home, from acute medical or mental illness, after hospitalization for in-patient care.

2. The worker may authorize provision of service to a person such as a spouse or other relative who is an SSI or AFDC recipient, and who lives with the hospitalized individual, and who cannot function in the absence of that individual and is in danger of institutionalization due to the absence of the hospitalized individual.

4. (Con't)

service worker shall refer such recipients who wish to apply for chore services to the appropriate Home Care Corporation.

B. Purpose of Service

The Department shall provide chore services to enable eligible individuals to remain in their own homes when they or other household members are unable to perform such tasks by themselves, and the activities do not require the services of a trained and supervised homemaker or other specialist.

III. Definitions

The following words shall have the following meanings herein unless the context requires otherwise.

A. Agency

"Agency" when used alone means an agency which provides chore services to the Department.

B. Chore Services

"Chore services" means the performance of household tasks, essential shopping, simple household repairs, and other work necessary to enable families to remain in their own homes. Service is performed by individuals selected by the client or the social service worker or by staff members of agencies which provide chore services to the Department.

C. Department

"Department" means the Department of Public Welfare when used alone without any other state agency title.

D. Home Health Aide Services

"Home health aide services" means medical services which are purchased by Medical Assistance (Medicaid) and performed by a home health aide directly supervised by a certified home health agency nurse as part of an established medical treatment plan under the overall direction of a physician. Services may include

I. Authority

The Department of Public Welfare provides chore services under the provisions of Section 2 of Chapter 18 of the General Laws.

II. Introduction

A. Service Delivery

1. Chore services are provided:

   a. by an individual secured

      1) by the client, or

      2) by the social service worker, or

   b. by a staff member of an agency from which the Department

      1) purchases services on a contracted basis, or

      2) purchases services on a non-contracted basis approved by the Office of Social Services at Central Office.

2. The applicant shall contact the local social service worker to apply for chore services. After determining eligibility and determining and documenting the need for service in the Social Service Plan and the case record, the worker shall arrange for service with the chore person selected or contact the agency providing the service.

3. The client may select a person from the community to perform chore services. This may include a friend, a neighbor, or a relative who does not live in the client's home. If necessary the social service worker should make efforts through the client's family or community contacts to assist the client in finding the proper person to perform approved chores. Consideration of the chore involved will determine the appropriate person to be employed.

4. In those service areas where chore services to elderly (SSI-OA) recipients, either new cases or both new and existing cases, are provided solely by Home Care Corporations under the auspices of the Department of Elder Affairs, the Department shall not provide chore services to SSI (OA) recipients. The social

313.470 Work-Related Expense Deduction

Applicants and recipients who are employed full-time are entitled to a $75 monthly deduction from gross wages in determining eligibility and in determining the amount of the assistance grant. However, employment of 30 hours a week or less shall not be considered full-time. Applicants and recipients who are employed 30 hours or less a week shall receive a proportionate share of the $75 deduction in accordance with the following standards:

WEEKLY HOURS	MONTHLY HOURS	MAXIMUM DEDUCTION
1 - 10	1 - 43	$18.75
11 - 20	44 - 87	$37.30
21 - 30	88 - 130	$56.25
31 - above	131 - above	$75.00

313.480 Child Under 14 - Earned Income

No inquiry is to be made of the amount of earned income for a child under 14 years of age and no consideration given to any such earned income. His or her needs are to be inlcuded in the family's assistance plan.

314.490 Self-sufficient Child - Earned Income

If the earned income less work-related expenses of a child who is 14 years of age or over is equal to or greater than his or her budgeted needs, (s)he may be considered to be self-sufficient and his or her needs will not be included in the family's assistance plan. None of his or her earned income is to be considered as income or personal property in determining the eligibility of any other family member.

If, however, such a child, otherwise eligible, with the consent of the parent(s) voluntarily chooses to be included in the assistance grant, his or her needs are to be included in the family's assistance plan and his or her earned income is to be considered, in accord with other applicable regulations, as income in determining the eligibility of other family members.

313.500 Financial Responsibility in General Relief

The law imposes no obligation upon parents to support or to contribute to the support of their needy children who are eighteen (18) years of age or over.

Instructions

for

Completion

of

Purchase of Service Authorization for Changes

(POS 8A Form)

AUTHORIZATION CHANGE FORM (POS 8A)

Purpose:

The POS 8A is to be used to change, update, extend, correct, or terminate an existing authorization or terminate a case. It is the primary document for updating purchase of social service arrangements for non-contracted and child welfare social services. Also, the POS 8A is the primary document for registering achievement and service statuses, especially at the termination of a service arrangement.

Procedure:

The worker shall enter onto the POS 8A form all required and all changed items as appropriate to update a social service authorization. The POS 8A shall be signed by the worker, who is responsible for the case, and by his supervisor; it shall be given to the office's SSIS control clerk, who shall edit, log, and batch the forms for submittal to the R.D.C.U. according to the region's submittal schedules. The R.D.C.U. will key and will transmit to central processing. Errors will be noted and returned to the WSO.

I. Required Blocks on all POS 8A's:

The following blocks must be completed on all POS 8A's either for key entry requirements and/or for identification:

A. Block 1. Authorization Number: Enter the number from the authorization which is to be changed, updated, or terminated, e.g., A 26123.

B. Block 2. Request Date: Date of completion.

C. Block 7. Name Check: Enter the first three letters of the client's last name as it appeared on the original authorization.

D. Block 8. Name: Enter the client's name, last name first, etc.

E. Block 28. Service Status: Enter the achievement and service status on all POS 8A's as applicable on the date of the POS 8A.

II. Changes:

Enter in the appropriate blocks the changes which are to be made, for example:

A. To Change a SSN or Family Member Number:

Once a SSN, or dummy number, has been assigned, this number will remain with the primary client throughout service provision, in most cases. All exceptions should be discussed with your SSIS co-ordinator. When a SSN is to be changed, complete POS 8A's for all existing POS 8's including closed POS 8's. Enter the authorization numbers, the name check, name, achievement and service status and the new SSN.

Family member numbers will occasionally change, e.g., through adoption. To change a family member number, complete the required elements of the POS 8A and enter into Block 10 the new family member number; this must be done for each and every outstanding authorization.

B. To Change the Number of Units Authorized:
(Service Period is not Changed).

Enter all required elememts onto the POS 8A; then enter into Block 16 the correct number of units and then enter into Block 27 the new total amount authorized.

C. To Extend Service Period:

Enter the new last date of authorized service in the "To Date" section of Block 17, e.g., 063075. Then add to the original authorized number of units, the newly authorized number of units for the extended service period. Finally, add to the original total amount authorized (Block 27) the additional total amount authorized through this extension of the service period.

If the extension does not go to the end of the month due to the six month review policy, you may authorize through the end of that month; enter enough units and funds to carry the authorization through the end of the month.

D. Rate Change:

1. If the rate for the entire period is to be changed due to initial input error, then enter the new rate and the correct total amount authorized for the service period.

2. If the rate change represents a change in the rate, close out the original authorization with a POS 8A. In the "To Date" enter the last day authorized at the old rate; enter "OZ" in the Block 28. Then complete a new POS 8 for the service purchase arrangement at the new rate. The service period on the new POS 8 may be different from the service period on the old POS 8. This type of change will be made when a child's birthdate changes the rate.

E. To Terminate Purchased Services:
(Directly provided services are to continue).

Enter onto the POS 8A, in Block 17, "To Date", the last day of service, enter the appropriate closing service status, and finally, in front of the service status enter the appropriate achievement status. NOTE: Achievement statuses, 1, 2, 3 and 8 apply only if the case is closed. Thus, after direct provision ceases and when the service case is closed, another POS 8A will be used to update the achievement status when the case is finally closed; an achievement code of 1, 2, 3 or 8 will then be used.

F. To Close a Purchase of Service Case:

Enter onto the POS 8A in the "To Date" field of Block 17, the last day of actual purchased service provision. (If service funds are regionally budgeted it will be necessary to update and correct the service units and total amount authorized). Then enter the appropriate achievement status (1, 2, 3 or 8) and the appropriate service status.

G. Transfers:

1. If the foster parent remains the same but only the worker, office or region are changing in the transfer, enter the new region, office and worker numbers in Blocks 19, 20, and 21 of the POS 8A's that are to be transferred. It is not necessary to close out POS 8's unless the foster parent or the rate is changing also.

2. Transfers to a new office that involve a change in foster parent require that the transferring worker close-out old POS 8's through POS 8A's and that the transferring worker complete new POS 8's and process them before the case is transferred to another office. In this situation, the new region, office, worker numbers are simply entered onto the new POS 8's. The date of close (To Date) must be the day before the actual move and the date on the new POS 8 in the From Date field is to be the date of the move.

In terminating service in a transfer use service statuses E through Z for foster care or 7, 8, 9 for other social services.

3. Transfers from a CSA/WSO to Group Care Unit and to a Group Care Facility require that the transferring worker close out the foster care (if any) POS 8's and enter "08" "308" into the region, CSA/WSO Blocks of the closing POS 8A's. Enter in Block 29 the name of the office that has family responsibility. The transferring worker must send to G.C.U. copies of the Service Application and Plan and copies of the closed POS 8's for the last foster care arrangement and copies of the closing POS 8A's. G.C.U. staff will then be in a position to complete POS 8's for the Group Care facility.

Block 29:

In order to assist control and edit clerical staff in their service of POS 8A, enter a brief statement of the purpose of the POS 8A. This statement may help to assure that what is intended will happen.

For the Group Care Unit's requirements, it is particularly important that the CSA/WSO that has family responsibility be noted in Block 29 on POS 8A's (and POS 8's) when the Region and/or CSA/WSO is being changed.

Signatures:

Workers and CSA/WSO control clerks are to enter and to assure that on the right hand side bottom of the POS 8A, the name of the CSA/WSO is entered. If this is done and if the POS 8A is separated from the Transmittal sheet, it will be possible to return the form to the proper office.

Assessment

A. Assessment

1. Effective February 1, 1975, this procedure applies for all foster care assessments.

2. For all referrals (self or other) related to Child Welfare Services statutes, the social worker must complete a form POS 8 using service code "40" (Assessment) in Block 13, the child's actual residence in Block 25, and all other necessary information.

3. When the child moves to another residence, the social worker must terminate the assessment authorization with a POS 8A with the following information: the last day in the original residence in the "To Date" in Block 17, and list the most appropriate achievement and service statuses in Block 28.

4. The social worker then submits another POS 8 with the new applicable information if the child is placed outside of his home.

5. POS 8's for Assessments are to be terminated with appropriate achievement and service statuses when:

    A. Child is not taken into care and no service is provided.

    B. Child is not taken into care but service is to be provided. Enter a case open achievement status until the case is closed; then use a POS 8A to change the status when the case is actually closed. Enter a terminating service status, i.e., E through L. The usual assessment terminating status codes will be 4G or 5G.

    C. Child is taken into care and is placed in a foster or group home. When placement occurs, enter an open achievement status (0, 4, 5, 6, 7 or 9) plus the appropriate service status, e.g. I or J.

B. Instructions for Coding Assessments onto POS 8's and POS 8A's

Block 13. Service

Enter either "40" or "50" depending upon the initial impression at intake.

Block 14. Special Area

Enter the codes as they would appear on a maintenance authorization: Health Status, Sex, and Legal Status at Intake. Use 00 for Legal Status if not appropriate.

Block 16. Total Service Units

Enter 000.

Block 17. Service Period

Enter the dates of planned assessment; the "From Date" is to be the date of Intake.

Block 22. Vendor Name

Enter the child's parent's name.

Block 23. Vendor Number

Enter 0000000.

Block 25. Vendor Address

Enter the child's residence at time of intake; the city or town must be noted clearly in this block.

Block 26. Unit Rate

Enter 0.00.

Block 27. Total Amount Authorized

Enter 0.00.

Block 28. Service Status

Enter the most appropriate Achievement and Service Statuses at time of intake.

C. Children Not Received into Care

1. If the child does not come into care, and a case closing results, the social worker closes the case with a POS 8A and indicates the most appropriate status codes.

2. Do not use a discharge code unless the child actually came into care through a legal section.

D. Protective Service Situations - Special Instructions

1. If a child is referred to the Department because of neglect, abuse, or drug addiction, a POS 8 must be completed for assessment. Legal status codes must be entered in the third block of Block 14. Follow other instructions for assessment.

2. If the child is not taken into care and if the reported abuse is in error, and if no service is to be provided, then close out the assessment POS 8 with an 8A by entering two zeros ("00") in the third block of Block 14 and by closing out as usual.

3. If the child is not placed but is to receive service related to the reported abuse, then end the assessment POS 8 by entering the now appropriate open case achievement status and the appropriate service status. If day care is needed, another POS 8 must be completed. When the case is closed, then use a case closed achievement status to close the assessment POS 8.

4. If the child is placed due to the reported abuse, then close the assessment POS 8 with a POS 8A by changing the "From Date" and by updating the service status. Do not change the original legal status on the assessment authorization; a new POS 8 must be completed so that the placement facility may be authorized. On this placement authorization, enter the legal status through which the child came into care.

As of February 1, 1975, the A & R form and procedures become obsolete.

PURCHASE OF SERVICE SUB-SYSTEM

The following Questions and Answers are being provided to aid social services workers in completing the POS-8 and POS-8A foster care payment authorization forms.

Exemption Codes

Question: What is the general order through which to determine the correct Exemption Code?

Answer: For Foster Care:

A. Is service related to AFDC-FC = H
B. Is service related to mental retardation = E
C. Is service related to a drug addicted infant or child = F
D. If no other exempt codes apply, enter = J

For Day Care:

A. Is service related to a WIN Plan = I
B. Is service related to work = A
C. Is service related to training = B
D. Is service related to absence, etc. = C
E. If no other exempt codes apply, enter = J

Exemption Code H: AFDC Foster Care

Question: Does Exemption Code H apply to court referred AFDC cases or former AFDC cases as well as to cases for which there has been a court determination?

Answer: Yes. "H" applies to court referrals as well as to judicial determinations regarding AFDC cases.

(See SP-INST pg. 1)

Social Security Numbers

Question: How are Social Security Numbers used?

Answer: The Social Security Number is to be used now and in the future to link individual service plans to the family. The Social Security Number plus the Family Member Number are used to uniquely identify all services related to a given person. Thus, with a few exceptions, the basic rule is to use the initially assigned Social Security Number and Family Member Numbers on all POS-8's for the same person. If the Social Security Number was a dummy, change it only if discussed and approved by your Regional SSIS Coordinator.

(See INST-POS-8 pg. 17)

Social Security Numbers, continued

If, at a foster child's intake, it is possible to obtain the head of household's or the Medicaid Identification Card's Social Security Number, this number may be used on the POS 8. If a valid Social Security Number is available for this purpose, it will no longer be necessary to request a unique Social Security Number for a placed child. However, if no Social Security Number is available either from the child's head of household or from a Medicaid Card, which once included the child, then the worker (1) must request from Social Security Administration a valid Social Security Number for the child and (2) must obtain a dummy Social Security Number from the R.D.C.U. for immediate use on the POS 8.

NOTE: That one Social Security Number may be used for all children in the family; the family member numbers will indicate specific children within a family.

(See INST-SOC-5 pg. 6)

Children without Names or Birth Dates

Question: How are the name and birth date Blocks to be completed if birth date and name are unknown?

Answer: Use Baby Boy or Baby Girl and use an estimated year. Enter "01" for the month and "01" for the day of birth.

Note: If a hospital has assigned a date, use the hospital's date. If the Department has assigned a name, use the new assigned name. Use a dummy Social Security Number, supplied by the RDCU, until a valid number can be obtained either from the Social Security Administration or from the real parents.

(See INST-POS-8 pg. 18)

Family Member Numbers

Question: How are children assigned family member numbers if the children have different parents?

Answer: First count in all children who are legally financially dependent, under 18, or under 21 and in a school. Children who have been placed but parental rights have not been terminated are counted in. Then simply rank order all children by their ages, from oldest to youngest, whether or not they have the same parents. Assign numbers from "11" to "30" from the oldest to the youngest child.

(See SP-INST pg. 5 ff)

Services

Question: Which service codes are to be used on the POS-8, and what do the service codes mean?

Answer: Service codes beginning with "30" and up apply to purchased social service; thus, 40 - 49 and 50 - 59 are the codes for foster care, which are to be used on the POS-8.

Service codes "01" through "21" apply to social services which department staff provide; thus, these codes and definitions relate to service plans and time and effort reports for direct provision only. No payments will be made if codes "01" through "21" appear on POS 8's.

Service codes 40 - 49 indicate an automatic payment--no invoice required. Service codes 50 - 59 apply to group care, other agency, contracted services for which an invoice is required for payment. Thus, all group care or other agency provided foster care is to be coded in the 50's and the provider must invoice.

All foster care and group care codes except 40, 41, 48, 49, 50, 57, and 59 will generate the quarterly clothing grant. If a provider's rate includes clothing or if no quarterly clothing is to be provided, use code 57.

(See SP-INST pg. 19 ff)

MA Only

Question: How are POS 8 forms to be coded if the child receives MA only while under the supervision of DFCS?

Answer: Enter Code "48" (foster care/MA only) in Block 13; enter 0.00 in the Unit Rate Block (#26) and 0.00 in Block 27, and a case open status in Block 28.

(See SP-INST pg. 24 Rev. 12/74)

Camping

Question: How are camps to be approved and how are they to be paid?

Answer: Camping is not being converted this summer (1974) to the POS 8. Workers will complete the new form CW-122 and send it to the Bureau of Accounts. The camp will, must, send invoices to the Bureau of Accounts. The invoice must be the state standard invoice #CD 12.

Legal Status

Question: Should the legal status code be changed through a POS 8A as it is changed by court or by voluntary arrangement?

Answer: As the legal status changes, so should the authorization(s) be changed. Enter the changed code in exactly the same field of Block 14 as the code originally appeared.

(See SP-INST pg. 32)

Question: Is code "05" for 23-CT for Temporary or Permanent legal custody?

Answer: It is for Temporary custody.

(See SP-INST pg. 32)

Question: Will there be codes for 1073 and 1076?

Answer: Yes. (See Legal Status - SP-INST pg. 34 Rev. 12/74)

Service Period and Extensions

Question: Does the six month policy regarding review every six months mean that the Service Period in Block 17 must be no greater than exactly six months or can enough units be authorized to finish out the sixth month?

Answer: Workers may authorize through to the end of the sixth month. Thus, if foster care was authorized on 070274, the worker may extend the service period through 013175 and enter the total number of days (units) between these two dates, inclusive.

When extending service periods, service workers may simply double, triple, quadruple the original number of units and the total amount authorized depending upon whether the review is the first, second or third review. Each time there is an extension, change the "To Date" in Block 17 of the POS 8A to the new anticipated, future, review or termination date.

When doing an extension, the following Blocks must be completed on the POS 8A: 1, 2, 7, 8, 16 (Cumulative Count of Service Units), 17 (Change only the To Date section to the new end date), 27 (New cumulative total amount authorized), 28.

(See INST-SOC-5 pg. 8 and INST-POS-8 pg. 19)

Group Care

Question: What child welfare status code should be placed in Block 28 (in addition to the achievement status code) when a child is placed in Group Care and an office other than the Group Care Unit has supervisory control over the case?

Answer: In addition to the achievement status code, enter either an "A" or "C". It is most important to indicate in Block 20 which office has supervisory control over the case.

(See SP-INST pg. 46 Rev. 12/74)

Transfers

Question: Who is responsible for processing changes between workers or units?

Answer: The worker who has had supervision responsibility is responsible for discussing the case plan and all other necessary matters with the proposed new worker or the new unit supervisor. The "sending" worker must complete all the POS-8's and/or POS-8A's to effect the change. The new POS-8's will show the new region, WSO and worker numbers. Thus, if a district worker transfers a child to another region, the transferring worker discusses the plan with the new worker and the transferring worker completes the POS-8 to set the payments up for the new foster home.

Group Care Responsibility

Question: Since the procedure for transferring supervision to the Group Care Unit is different than transferring between regions, what is the special procedure for transferring supervision to Group Care and for setting up the group care authorizations?

Answer: The district worker will close out authorizations for assessment or foster care on a POS-8A by showing in the "To Date" the last day the child is to be in foster care, by changing the achievement and service status to "OJ".

Note: Service status "J" must be used and not "A", "B", or "C".

Then the Group Care worker will complete a new POS-8 to set the case up for group care. The district worker must get the case record and especially copies of the POS-8's to the G.C.U. worker on a timely basis so that he may properly authorize services in the group facility. Case responsibility is shared, with the district worker maintaining family responsibility and the Group Care Unit worker assuming case responsibility for the child.

Group Care Responsibility, continued

Question: What is G.C.U.'s responsibility as of January, 1975?

Answer: G.C.U. staff is responsible for coordinating the services to children while those children are in a G.C.U. facility; G.C.U. staff shall complete opening and closing POS 8's for the G.C.U. facility, only. Because case responsibility is not totally transferred from the local service worker to G.C.U., the local service worker is responsible for arranging for part-week foster care, vacation foster care and/or foster care provided at the end of a residential placement.

Question: What are the procedures for submission of Group Care (service code "50" series) POS 8's to the Bureau of Accounts?

Answer: 1.) After workers complete POS 8's, CSA/WSO control clerks will edit and submit the entire POS 8 to the Bureau of Accounts.

2.) Bureau of Accounts will review the rate, batch the EDP copies and submit to MCCC in Westborough for key taping. When the POS 8's clear the system, the Bureau will send to the provider (service code "50" series only) his copy and will return one copy to the CSA/WSO.

The above procedures apply to Adoption Placement Unit, Group Care Unit, and Inflicted Injuries Unit, 21 James Street, Boston, all of which have been assigned CSA/WSO numbers. Procedures for CSA/WSO's apply to these three units as well.

Question: What types of care are to be included under the provision that all group care service authorizations must be sent to the Bureau of Accounts?

Answer: 1.) All group care facilities whose rate is set by the Rate Setting Commission.

2.) All foster care provided to the Department by another agency, e.g. Boston Children's Services.

3.) All foster care provided in conjunction with a contract signed by the Department.

4.) All extra care provided to the above groups.

The above classes of "group services" are all to be coded in the "50" series and all require invoicing by the provider. The only foster care that will be submitted to MCCC by CSA/WSO control clerks is that which corresponds to the foster care payment schedule and the extra care, "49". All other foster and group care is to clear through the group services unit in the Bureau of Accounts.

Contracted and Non-Contracted Foster Care

Question: What are the general staff responsibilities in regard to the completion of POS 8's for contracted and non-contracted services?

Answer: 1.) Completion of POS 8's for contracted foster care (service code 54) is generally the responsibility of the non-DPW contract provider of foster care. The contractor agency shall prepare a POS 8 for each client who is to receive foster care, group care, clothing or medical only. These authorizations shall be submitted to Central Office SSIS Coordinator, Region 08, WSO 309, from where these authorizations shall be processed to the Bureau of Accounts and submitted for keying if they are acceptable.

2.) Department staff are responsible for referral procedures, including sharing necessary data with that other agency, and for closing out prior POS 8's as appropriate. Agencies must invoice the Department on SOC-ADM-3.

3.) Completion of POS 8's for foster care and group care, provided in conjunction with the Department's programs, is the responsibility of the Department's staff.

4.) Completion of POS 8's for foster care, when that foster care is supported and supervised by another agency, is generally the responsibility of the Department's staff, who must get all particulars from that other agency. In all of these cases, the service code (Block 13 on POS 8) is 54; the POS 8, including all copies, is to be processed through the Bureau of Accounts, group services unit; and the sponsoring agency must invoice the Department on SOC-ADM-3 to receive payment.

Question: What are the special procedures for authorizing payments to the New England Home for Little Wanderers (Provider #8149372)?

Answer: 1.) Group Care shall be authorized by G.C.U. consistent with established procedures.

2.) Foster Care and/or other services provided through a contract arrangement (specialized foster care, day treatment and education) shall be authorized by New England Home, which will submit POS 8 to WSO #309. Although DPW staff do not complete POS 8's to set up these authorizations, DPW staff have the responsibility for closing out former POS 8's and for sending copies of former POS 8's to New England Home so that New England Home has sufficient data to complete and close its POS 8's.

3.) New England Home will complete and close POS 8's for foster care provided by New England Home to supplement the Department's foster care program. DPW staff must close out former POS 8's. (Service code is 54; New England Home will invoice the Department.)

Contracted and Non-Contracted Foster Care, continued

Question: What are the special procedures for authorizing Foster Care/ Group Care provided by or through Boston Children's Service Association (B.C.S.A.)?

Answer: 1.) Project Juvenile, Provider #8150036, Contract #4-2-029-06-0-08-1 for foster care for potential juvenile offenders. If child receives MA or AFDC before placement with Project Juvenile, local office staff are to provide B.C.S.A. with such information as the child's former MA Identification Number and a copy of the child's last POS 8, if any.

2.) Project Walnut, Provider #8150087, Contract #4-2-029-9-00-05-1 for expectant mother foster care. (Service code is 57; there is no quarterly clothing grant associated with this contract.)

3.) B.C.S.A. foster care provided for children in the care of the Department to supplement the Department's foster care, Provider #8151792 (this Provider #8151792 also for MA only) Non-Contract arrangements. Service code is 54. B.C.S.A. shall invoice the Department for payment.

4.) Treatment Alternatives Project (TAP) staff (Provider #8153388, Contract #4-2-029-10-0-08-1) will complete all POS 8's and invoice the Department for payment.

Procedure:

In all types of arrangements listed above with B.C.S.A., including TAP, Departmental staff, for referred cases, shall send an explanatory letter, the Referral for Service Form (SCC-9), and copies of the last one or two POS 8's to B.C.S.A. Departmental staff shall close out prior existing POS 8's as appropriate. B.C.S.A. shall prepare the POS 8's to open the case with B.C.S.A.

In addition, B.C.S.A. will no longer be a payee from the Department for services to those facilities which provide group care in conjunction with a B.C.S.A. contract to children eligible for reimbursement by the Department. Instead B.C.S.A. shall list in Block 23 the vendor number for the facility, and its name and address in Blocks 22 and 25. B.C.S.A. shall insert its name in Block 29, and shall be responsible for closing out its POS 8's.

It shall be the responsibility of the facility to invoice the Department directly for services provided through B.C.S.A.

Contracted and Non-Contracted Foster Care, continued

Question: What are the special procedures for authorizing Foster Care/ Group Care provided by the Massachusetts Catholic Charities?

Answer: 1.) Expectant or Unmarried Expectant Mothers Contract: The specific Catholic Agency shall complete and terminate POS 8's for clients placed with that agency. Departmental staff, for referrals, shall close out all prior POS 8's, as appropriate, and shall send an explanatory letter for the referral, a Referral for Services Form (SOC-9) and copies of one or two prior POS 8's so that the new POS 8's may be completed accurately.

The Department will pay directly agencies that provide foster care in conjunction with a Catholic Charitable Bureau contract. (Service code is 57; there are no quarterly clothing grants associated with this program.)

2.) For Foster Care provided by a Catholic Charities Agency, on a non-contract arrangement, to a client in the care of the Department as a supplement to the Department's foster care, the Department staff shall send an explanatory letter, a Referral for Services Form (SOC-9), and the completed POS 8, including the established rate, for foster care. The service code shall be 54; the Catholic Charities Agencies must invoice the Department for payment. These POS 8's are to be processed through the Bureau of Accounts, which will send the vendor copy to the Catholic Charities Agency.

Provider/Vendor Numbers

Question: Do new foster homes have to be immediately reported to the regional homefinding units and does one need a provider number for each authorization?

Answer: If the district worker identifies a new or potential foster parent, he must immediately involve the regional homefinding staff so that the home may be evaluated and so that a provider number may be assigned, if appropriate.

A provider number is necessary on all POS-8's if a payment is to be made. If a child is with his parents and no payment is to be made, then Block 23 may be filled with zeros. To ensure that checks are sent to the proper address, it is important that changes of address be reported to the homefinding unit so that changes may be made.

(See INST-SOC-ADM-9 pg. 1 ff)

Rates

Question: How are rates and units calculated?

Answer: Foster care and group care rates shall be calculated on a daily basis beginning with all care provided on and after July 29, 1974. Usually, simply enter the appropriate daily rate in Block 26 and the number of units (days) in the service period in Block 16. The computer will calculate the correct payment due each month to foster parents. Institutions will invoice the Department.

If a child resides in an institution five days per week and two days per week in a foster home, enter the correct daily institutional rate and the actual number of units onto the institution's POS-8 and enter onto the foster parent's POS-8, 2/7th's of the approved daily foster parent rate into Block #26; enter the total number of days within the service period in Block 16; and enter in Block #27 the total amount authorized (2/7 x foster parent daily rate x total days in the Service Period = Total).

Note: For this situation, we adjust the rate and not the service units.

Day Care rates are to be for hours or days only.

(See INST-POS-5 pg. 18 ff)

Rate Change

Question: If foster care rate changes in the middle of the month, how would the POS 8A be coded?

Answer: The POS 8A must be entered changing the "To Date" in Block 17 to the last date of the old rate; enter "OZ" in Block 28, the service status code. Complete a new POS 8 for the new rate; enter all elements and show in Block 17, the "From Date", the date the new rate becomes effective.

Institutions will show two authorizations for one child when submitting invoices if a middle of the month change takes place.

Retroactive Payments

Question: What is the policy on retroactive payments?

Answer: Retroactive payments will be made for no greater than one month prior to the current payment period. In the event that a retroactive payment for more than one month must be made, a worker must fill out an ADM-2 or an ADM-3 for the service period not paid for through the supplementary payroll procedure. To do this, complete the original POS 8 back to the date that foster care actually began (but not before 072974). The payrolls will pay the current and the preceding month; therefore services before must appear on an invoice. The invoice together with a memorandum of justification must be submitted to the Bureau of Accounts for processing, through the regional SSIS coordinator. (Effective Date: January 1, 1975)

Address Changes

Question: If a foster parent or group home changes its mailing address, what is the procedure for entering changes so that payments go to the correct address?

Answer: First, notify the regional homefinding unit or other person responsible for maintenance of the foster home provider file (the "81" file) so that the homefinder will make the changes on an ADM-9. (See INST-SOC-ADM-9 pg. 9.) Payments go to the mailing address as found on the provider file. (See Report "Vendor Master File Eligibility Listing, Active.")

Tuition

Question: How is college tuition to be processed?

Answer: A. College Tuition may be authorized by workers on the POS 8 if the Office of Social Services has approved the educational plan and if sufficient funds are appropriated. Colleges and universities must submit invoices to receive payment.

B. Procedure:

1.) Workers obtain education plan approval from the Office of Social Services, copy to Bureau of Accounts.

2.) Workers complete arrangements with the college or university. The college or university must complete a Provider Number Application Form (SOC-ADM-9).

3.) Tuition may be divided into 40 or 52 equal amounts, which will be the rate per unit; the number of units will be the number of weeks/semester. The service code for Block 13 of the POS 8 will be 58.

4.) Room and Board, if separate from tuition and if paid by the Department shall be authorized according to number of weeks/semester. Service code for Block 13 shall be 54.

5.) POS 8's, less tickler file copy, shall be submitted to the Bureau of Accounts, which will edit, transmit provider copy to the university.

6.) Colleges or universities will send invoices to MCCC for tuition and for room and board. Service units will be counted off in weeks spanning the school year.

7.) Arrangements other than above shall be discussed with the group services unit of the Bureau of Accounts.

Transfers for Adoption Subsidy

Question: What is the exact procedure for transfers for adoption subsidy and what responsibilities do different units have?

Answer: Step 1 Before the child is legally adopted, a case history, applications and recommendations are to be sent to Eleanor Law, Program Administrator, Central Office, by the responsible Supervisor or Social Worker in either APU or the local office as appropriate.

Step 2 All these referrals are reviewed (Step 1) for possible approval for adoption subsidy. Whatever the decision, the appropriate referring unit is notified in preparation for the legal adoption procedure.

Step 3 Adoption Unit always makes out a POS 8A closing out foster care the day of legal adoption. APU will use code 8U in Block 28.

Eleanor Law makes out all POS 8's putting the child on adoption subsidy using service code 46 and service status code 0A. Only Ms. Law is to use service code 46 in Block 13.

FOSTER CARE BOARD RATE

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
1	$ 3.14	$ 4.57	$ 6.00
2	6.28	9.14	12.00
3	9.42	13.71	18.00
4	12.56	18.28	24.00
5	15.70	22.85	30.00
6	18.84	27.42	36.00
7	21.98	31.99	42.00
8	25.12	36.56	48.00
9	28.26	41.13	54.00
10	31.40	45.70	60.00
11	34.54	50.27	66.00
12	37.68	54.84	72.00
13	40.82	59.41	78.00
14	43.96	63.98	84.00
15	47.10	68.55	90.00
16	50.24	73.12	96.00
17	53.38	77.69	102.00
18	56.52	82.26	108.00
19	59.66	86.83	114.00
20	62.80	91.40	120.00
21	65.94	95.97	126.00
22	69.08	100.54	132.00
23	72.22	105.11	138.00
24	75.36	109.68	144.00
25	78.50	114.25	150.00
26	81.64	118.82	156.00
27	84.78	123.39	162.00
28	87.92	127.96	168.00
29	91.06	132.53	174.00
30	94.20	137.10	180.00
31	97.34	141.67	186.00
32	100.48	146.24	192.00
33	103.62	150.81	198.00
34	106.76	155.38	204.00
35	109.90	159.95	210.00
36	113.04	164.52	216.00
37	116.18	169.09	222.00
38	119.32	173.66	228.00
39	122.46	178.23	234.00
40	125.60	182.80	240.00
41	128.74	187.37	246.00
42	131.88	191.94	252.00
43	135.02	196.51	258.00
44	138.16	201.08	264.00
45	141.30	205.65	270.00
46	144.44	210.22	276.00
47	147.58	214.79	282.00
48	150.72	219.36	288.00
49	153.86	223.93	294.00
50	157.00	228.50	300.00

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
51	$ 160.14	$ 233.07	$ 306.00
52	163.28	237.64	312.00
53	166.42	242.21	318.00
54	169.56	246.78	324.00
55	172.70	251.35	330.00
56	175.84	255.72	336.00
57	178.98	260.49	342.00
58	182.12	265.06	348.00
59	185.26	269.63	354.00
60	188.40	274.20	360.00
61	191.54	278.77	366.00
62	194.68	283.34	372.00
63	197.82	287.91	378.00
64	200.96	292.48	384.00
65	204.10	297.05	390.00
66	207.24	301.62	396.00
67	210.38	306.19	402.00
68	213.52	310.76	408.00
69	216.66	315.33	414.00
70	219.80	319.90	420.00
71	222.94	324.47	426.00
72	226.08	329.04	432.00
73	229.22	333.61	438.00
74	232.36	338.18	444.00
75	235.50	342.75	450.00
76	238.64	347.32	456.00
77	241.78	351.89	462.00
78	244.92	356.46	468.00
79	248.06	361.03	474.00
80	251.20	365.60	480.00
81	254.34	370.17	486.00
82	257.48	374.74	492.00
83	260.62	379.31	498.00
84	263.76	383.88	504.00
85	266.90	388.45	510.00
86	270.04	393.02	516.00
87	273.18	397.59	522.00
88	276.32	402.16	528.00
89	279.46	406.73	534.00
90	282.60	411.30	540.00
91	285.74	415.87	546.00
92	288.88	420.44	552.00
93	292.02	425.01	558.00
94	295.16	429.58	564.00
95	298.30	434.15	570.00
96	301.44	438.72	576.00
97	304.58	443.29	582.00
98	307.72	447.86	588.00
99	310.86	452.43	594.00
100	314.00	457.00	600.00
101	317.14	461.57	606.00
102	320.28	466.14	612.00
103	323.42	470.71	618.00

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
104	$ 326.56	$ 475.28	$ 624.00
105	329.70	479.85	630.00
106	332.84	484.42	636.00
107	335.98	488.99	642.00
108	339.12	493.56	648.00
109	342.26	498.13	654.00
110	345.40	502.70	660.00
111	348.54	507.27	666.00
112	351.68	511.84	672.00
113	354.82	516.41	678.00
114	357.96	520.98	684.00
115	361.10	525.55	690.00
116	364.24	530.12	696.00
117	367.38	534.69	702.00
118	370.52	539.26	708.00
119	373.66	543.83	714.00
120	376.80	548.40	720.00
121	379.94	552.97	726.00
122	383.08	557.54	732.00
123	386.22	562.11	738.00
124	389.36	566.68	744.00
125	392.50	571.25	750.00
126	395.64	575.82	756.00
127	398.78	580.39	762.00
128	401.92	584.96	768.00
129	405.06	589.53	774.00
130	408.20	594.10	780.00
131	411.34	598.67	786.00
132	414.48	603.24	792.00
133	417.62	607.81	798.00
134	420.76	612.38	804.00
135	423.90	616.95	810.00
136	427.04	621.52	816.00
137	430.18	626.09	822.00
138	433.32	630.66	828.00
139	436.46	635.23	834.00
140	439.60	639.80	840.00
141	442.74	644.37	846.00
142	445.88	648.94	852.00
143	449.02	653.51	858.00
144	452.16	658.08	864.00
145	455.30	662.65	870.00
146	458.44	667.22	876.00
147	461.58	671.79	882.00
148	464.72	676.36	888.00
149	467.86	680.93	894.00
150	471.00	685.50	900.00
151	474.14	690.07	906.00
152	477.28	694.64	912.00
153	480.42	699.21	918.00
154	483.56	703.78	924.00
155	486.70	708.35	930.00
156	489.84	712.92	936.00

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
157	$ 492.98	$ 717.49	$ 942.00
158	496.12	722.06	948.00
159	499.26	726.63	954.00
160	502.40	731.20	960.00
161	505.54	735.77	966.00
162	508.68	740.34	972.00
163	511.82	744.91	978.00
164	514.96	749.48	984.00
165	518.10	754.05	990.00
166	521.24	758.62	996.00
167	524.38	763.19	1002.00
168	527.52	767.76	1008.00
169	530.66	772.33	1014.00
170	533.80	776.90	1020.00
171	536.94	781.47	1026.00
172	540.08	786.04	1032.00
173	543.22	790.61	1038.00
174	546.36	795.18	1044.00
175	549.50	799.75	1050.00
176	552.64	804.32	1056.00
177	555.78	808.89	1062.00
178	558.92	813.46	1068.00
179	562.06	818.03	1074.00
180	565.20	822.60	1080.00
181	568.34	827.17	1086.00
182	571.48	831.74	1092.00
183	574.62	836.31	1098.00
184	577.76	840.88	1104.00
185	580.90	845.45	1110.00
186	584.04	850.02	1116.00
187	587.18	854.59	1122.00
188	590.32	859.16	1128.00
189	593.46	863.73	1134.00
190	596.60	868.30	1140.00
191	599.74	872.87	1146.00
192	602.88	877.44	1152.00
193	606.02	882.01	1158.00
194	609.16	886.58	1164.00
195	612.30	891.15	1170.00
196	615.44	895.72	1176.00
197	618.58	900.29	1182.00
198	621.72	904.85	1188.00
199	624.86	909.43	1194.00
200	628.00	914.00	1200.00
201	631.14	918.57	1206.00
202	634.28	923.14	1212.00
203	637.42	927.71	1218.00
204	640.56	932.28	1224.00
205	643.70	936.85	1230.00
206	646.84	941.42	1236.00
207	649.98	945.99	1242.00
208	653.12	950.56	1248.00
209	656.26	955.13	1254.00

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
210	$ 659.40	$ 959.70	$ 1260.00
211	662.54	964.27	1266.00
212	665.68	968.84	1272.00
213	668.82	973.41	1278.00
214	671.96	977.98	1234.00
215	675.10	982.55	1290.00
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365 days (e.g. 7/1/74-6/30/75)	1146.10	1668.05	2190.00
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549 days (e.g. 7/1/74-12/31/75)	1723.86	2508.93	3294.00
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731 days (e.g. 7/1/74-6/30/76)	2295.34	3340.67	4386.00

WEEKEND FOSTER CARE BOARD RATE

SERVICE CODE 41

If a child resides in a foster home only on weekends (2 days out of 7) then the foster parent is to be paid for all 7 days in the week but at a rate equal to 2/7ths of the approved daily foster care rates. This procedure is necessitated by system requirements.

The POS 8 authorizing payment for weekend foster care will be similar to a POS 8 for full-time foster care. The service period will normally be six months, and Block 16 Total Service Units Authorized will be the actual number of days in the service period. Special requirements for a POS 8 authorizing weekend foster care are as follows:

Block 13	Service:	41 is the appropriate code.
Block 26	Unit Rate:	The unit rate will be: $ .90/day for children 0-6 years old 1.31/day for children 7-12 years old 1.71/day for children 13 and over.

(These rates are equal to 2/7ths of the approved daily foster care rates. If the child resides in a foster home for one day out of seven then 1/7th of the approved daily foster care rates should be used.)

To authorize payment for irregularly timed visits to foster homes, consult the S.S.I.S. regional coordinator.

RATE TABLE FOR WEEKEND FOSTER CARE (2 DAYS OUT OF 7)

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
1	$ .90	$ 1.31	$ 1.71
.	.	.	.
.	.	.	.
.	.	.	.
160	144.00	209.60	273.60
161	144.90	210.91	275.31
162	145.80	212.22	277.02
163	146.70	213.53	278.73
164	147.60	214.84	280.44
165	148.50	216.15	282.15
166	149.40	217.46	283.86
167	150.30	218.77	285.57
168	151.20	220.08	287.28
169	152.10	221.39	288.98
170	153.00	222.70	290.70

RATE TABLE FOR WEEKEND FOSTER CARE (2 DAYS OUT OF 7), continued

DAYS UNITS	RATE I 0-6 yrs.	RATE II 7-12 yrs.	RATE III 13-17 yrs.
171	$153.90	$224.01	$292.41
172	154.80	225.32	294.12
173	155.70	226.63	295.83
174	156.60	227.94	297.54
175	157.50	229.25	299.25
176	158.40	230.56	300.96
177	159.30	231.87	302.67
178	160.20	233.18	304.38
179	161.10	234.49	306.09
180	162.00	235.80	307.80
181	162.90	237.11	309.51
182	163.80	238.42	311.22
183	164.70	239.73	312.93
184	165.60	241.04	314.64
185	166.50	242.35	316.35
186	167.40	243.66	318.06
187	168.30	244.97	319.77
188	169.20	246.28	321.48
189	170.10	247.59	323.19
190	171.00	248.90	324.90
191	171.90	250.21	326.61
192	172.80	251.52	328.32
193	173.70	252.83	330.03
194	174.60	254.14	331.74
195	175.50	255.45	333.45
196	176.40	256.76	335.16
197	177.30	258.07	336.87
198	178.20	259.38	338.58
199	179.10	260.69	340.29
200	180.00	262.00	342.00
201	180.90	263.31	343.71
202	181.80	264.62	345.42
203	182.70	265.93	347.13
204	183.60	267.24	348.84
205	184.50	268.55	350.55
206	185.40	269.86	352.26
207	186.30	271.17	353.97
208	187.20	272.48	355.68
209	188.10	273.79	357.39
210	189.00	275.10	359.10
211	189.90	276.41	360.81
212	190.80	277.72	362.52
213	191.70	279.03	364.23
214	192.60	280.34	365.94
215	193.50	281.65	367.65
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365	328.50	478.15	624.15
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549	494.10	717.19	938.79
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.			
731	657.90	975.61	1,250.01

Changing Information on Previously Submitted Provider Number Application Forms

If a vendor moves to a new address or other information on the original application form needs correction, an ADM-9 (VPS-3) should be submitted to change the data on file.

On such an ADM-9 change, the following blocks must be completed:

Block 1	Type
Block 2	Specialties
Block 4B	Name
Block 4C	Suffix
Block T	(lower left-hand corner of form) - a "C" must be written in this block.
Block DN	The vendor number assigned on the original ADM-9 must be written in this block.

In addition to the blocks listed above, the information which is to be changed should be included in the appropriate space. Note: If any part of the address (Blocks 4E, 4F, 4G, 4H) is changed, the whole address must be rewritten. Also, if a vendor is changing his mailing address to a post office box, complete Blocks 5B through 5G.

Finally, a brief explanation of the change (e.g. new address, Social Security number correction, etc.) should be written in the margins of the ADM-9 form. Please sign the form and indicate the regional office.

To Delete a Vendor from the Provider File

If a vendor is to be permanently removed from the provider file, a memo should be written to:

Provider File Unit, Dept. 26, Room 17
Massachusetts Department of Public Welfare
Medical Claims Control Center
P. O. Box 567
Westboro, Massachusetts 01581

The memo should specify that a vendor is to be deleted from the provider file, should list the name and number of the vendor to be removed from the file and the reason for the removal and the effective date of deletion. This memo must be signed and submitted through the SSIS coordinator, who must review and sign-off on the action.

When closing a foster home, enter three zeros (000) in Block 4C.

INSTRUCTIONS FOR COMPLETION OF

PAYMENT REQUEST FORM (CW-122)

Purpose:

The CW-122 is to be completed when the worker requests an irregular payment to be made by the Bureau of Accounts to a foster parent or other provider for or on behalf of a child.

Procedure:

When an irregular payment is required for initial clothing, emergency clothing, provider's authorized expenses, camping expenses, transportation expenses when paid on a state General Invoice (CD 12), workers complete all relevant items and obtain required counter signatures; the form is completed in duplicate. The original, with any bills, invoices or foster parent expense account slips, is sent to the Bureau of Accounts. The duplicate remains in the case record.

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE DIVISION OF FAMILY AND CHILDREN'S SERVICES

TO: Bureau of Accounts, Office of Finance

FROM: (1) Worker's Name (2) Date

(3) Unit

CHILD: (4) Name (5) POS 8 Number (6) Exemption Code

☐ Please issue $ (7) enter amount approved for the above child for:

(check appropriate box) ☐ Initial Clothing

☐ Emergency Clothing (8) ARA/SS Signature required for Emergency Clothing

☐ Provider's Approved Expenses (See Voucher)

☐ Other. Specify:

- -

☐ The above child is authorized to receive (9) Service (e.g. camp, taxi),

at (10) Dollar Amount per (11) hour, day, week, other from (12) date through (13) date.

The provider will send state standard invoices (CD 12) to the Bureau of Accounts.

- -

Make funds payable to: (14) Name

Address

(15) Supervisor's Signature (16) Authorized Signature

- -

(To Be Completed By Bureau of Accounts)

(17) (Date Received) (18) (Date Processed)

☐ Approved

☐ Disapproved: (19) (State Reason for Disapproval; Return to Worker.)

(20) Bureau of Accounts Signature

PAYMENT REQUEST FORM (CW-122)

Section I:		Identification
ITEM:	**NAME:**	**DEFINITION/INSTRUCTIONS:**
1.	**Worker's Name:**	Enter name of worker who is responsible for child.
2.	**Date:**	Enter date this form is completed.
3.	**Unit:**	Enter the name and the W.S.O. and/or region of the unit to which the worker is assigned.
4.	**Name:**	Enter the child's name for whom a payment is to be made.
5.	**POS 8 Number:**	Enter the primary authorization number from the POS 8.
6.	**Exemption Code:**	Enter the Exemption Code as found on the POS 8 Block 3.

Section II:		Payments to foster parents, etc. Check box if this section is used.
ITEM:	**NAME:**	**DEFINITION/INSTRUCTIONS:**
7.	**Approved Amount:**	Enter the amount that is approved to be paid to the provider by the Bureau of Accounts. Then check ☑ the appropriate box below to indicate the reason. If "other" specify and give reason.
8.	**ARA/SS Signature:**	The Associate Regional Administrator for Social Services, or his designee, must sign if emergency clothing is to be paid for.

Section III:		Irregular payments for a child to a provider other than a foster parent.
ITEM:	**NAME:**	**DEFINITION/INSTRUCTIONS:**
9.	**Service:**	Specify the service which is to be purchased for the child, e.g. taxi being paid for by CD-12 or camp which is being paid for through standard invoice (CD-12).

ITEM:	NAME:	DEFINITION/INSTRUCTIONS:
10.	Dollar Amount:	Enter the dollar amount to be authorized for the unit (Item 11) provided in service period (Items 12 and 13). E.g. $10.00 per trip, $30.00 per week from 070174 through 071574. Provider must invoice the Department.
11.	Unit:	Enter the type unit that corresponds to the type of payment.
12./13.	Dates of Service:	Enter the date the service is to begin and the date through which the service is to continue to the end, i.e. the last day of service.

Section IV: Payee

ITEM:	NAME:	DEFINITION/INSTRUCTIONS:
14.	Name/Address:	Enter the name of the person to whom payment is to be made for the service. Enter the address to which payment is to be sent.
15.	Supervisor's Signature:	Self explanatory.
16.	Authorized Signature:	Enter the signature of the responsible worker.

Section V: Bureau of Accounts Action.
Bureau of Accounts is to complete this section and file its copy.

ITEM:	NAME:	DEFINITION/INSTRUCTIONS:
17.	Date Received:	Enter the date that the Request Form is received into the Bureau.
18.	Date Processed:	Enter the date that the Request is processe i.e. a decision is made to pay or to return to the worker.
19.	Reason:	If Request Form (CW 122) is to be returned to the worker, the Bureau of Accounts will enter the reason for the disallowance or reason for return.
20.	Signature:	The responsible person in the Bureau will sign the Request after it is approved or disapproved.

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

STANDARD INVOICE

1

COMPTROLLER

TYPE	EFFECT	AGENCY CODE	DAY NUMBER	AGENCY VOUCHER NUMBER

PURCHASE ORDER NO.	VENDOR'S CODE	1 TERMS	VENDOR'S INVOICE NO.	DATE MO. DAY YR

STATE AGENCY	LOCATION TO WHICH DELIVERED

NAME AND ADDRESS OF VENDOR

VENDOR'S CERTIFICATION:

I certify that the goods were shipped or the services rendered as set forth below.

(Please Sign in ink)

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

INSTRUCTIONS TO VENDOR:

1. Do not fill in shaded areas.
2. This form supersedes all previous Standard Invoices.
3. Use a separate Invoice for each separate Purchase Order or Delivery on contract.
4. Direct all inquiries to the state agency.

DO NOT REMOVE CARBONS

Check if final delivery ☐

TOTAL	$
CASH DISCOUNT	$
NET AMOUNT	$
TOTAL LIQUIDATION	$

EXPENDITURE ACCOUNT		OBJECT CODE	EXPENDITURE AMOUNT	LIQUIDATION AMOUNT

Verified by ____

Date goods received ____

Invoice figured by ____

COMPTROLLER ____

FORM CD 12 (REV. 1) 12,500-8-74-104179

CLARIFICATION OF TERMS AND FUNCTIONS

5. **Category:** The Day Care, Homemaker and Chore policies specify criteria by which clients are categorized. A category is a way of grouping cases and classifying them according to the reason for which the service will be provided. This category is to be recorded on Block 29 of the POS-8 and POS-8A and on waiting list card files.

6. **Closed Referral and Authorization - Homemaker:** Closed Referral and authorization means the agency under contract with the Department may only accept cases which are referred and authorized by a local social service worker using the POS-8.

   The Department's direct service staff shall be responsible for case management activities i.e., initial authorizations and reauthorizations.

7. **Open Referral - Day Care:** Massachusetts Social Services Policy Manual Chapter 2, Section VIII-B, 3 provides for open referral to the designated agency.

   Open referral means the agency under contract with the Department will be responsible for intake and eligibility determination , whether the client enters from the street or is directed by the Department.

   CSA staff shall be responsible for directing clients to available resources.

   The contracted agency is responsible for developing a service plan, and reporting vacancies to the appropriate CSA office(s).

   If the contracted agency does not have an available vacancy or its resources are inappropriate for the client's needs, it shall refer the client to other available day care resources within the community. This shall also include, if indicated, referral to the appropriate CSA for alternative planning.

8. **Waiting List:** A waiting list is a list of clients requesting a particular service for which no resource exists when the request for service is received or the client does not accept the available contracted resource or the client who is receiving the service on a non-contracted basis, (e.g. - as a result of a timely filed appeal), wishes to continue to receive the service but an alternate resource is not available.

Trans. by Social Services Letter 11A

SPECIAL INSTRUCTIONS

FOSTER CARE SERVICES

NOTE: These codings are only to be used on Authorizations. Invoices are not required for payment of the following types of care.

40. Assessment for Foster Care or Group Care:

Enter Code "40" into Block 13, and complete POS 8, when an application for child welfare services is filed. Use Child Welfare Service Status codes "G" or "H" to describe where the child is when the application is filed. All blocks are to be completed to the maximum extent possible; it is recognized that these first entries are preliminary. No payments will be made during the assessment. Close with POS 8A.

If child is taken into care, complete a new POS 8 with appropriate changes.

If child is not taken into care, use one of the case closing Achievement codes (1, 2, or 3) and use one of the Discharge CWS codes on a closing POS 8A, if child had a legal status.

12/74) 41. Part-Week Foster Care (less than seven (7) days/week).

42. Short-term Foster Care Home:

These foster homes provide substitute care for children for up to three months. If intended care is known to be greater than three months, see below; also, if short-term care exceeds three months, the type of service must be changed to another type (see below).

43. Long-term Foster Care Home:

These foster homes provide substitute care for children, when that care is to be longer than three months or when the child has already been placed in a substitute care facility for up to three months or longer.

44. Reserved.

12/74) 45. Adoptive Home:

This means that the child has been placed in a home of a prospective adoptive parent, that the Department is still supervising the child, and that no subsidy and no foster care payments are being made to the potential adoptive parents.

46. Subsidized Adoptive Home:

This means that the child has been legally adopted and that prior adoptive agreements, for subsidy, have been made with the adoptive parents. Restricted: for Central Office (08-309) use only.

47. Reserved.

48. MA Only: IN CARE OF DEPARTMENT

Enter Code 48 in Block 13 of POS 8, along with all other information if child is to receive medicaid only as related to the Department's child welfare program. The child may be at the home of a relative, in a YMCA, in a group living situation, etc. Code 48 is to be used only if no foster care, extra care, group care, clothing funds are authorized for the client.

Zero ($0.00) dollars are to be entered into the rate block (26). The service period may extend to six months per authorization.

49. Extra Care in Foster Care Service:

This means that the child has been placed in a home, that foster care has been authorized, and that a supervisor has authorized the payment of extra care. (See Special Instructions on extra care.)

SPECIAL INSTRUCTIONS

GROUP CARE SERVICES

Providing placement, supervision and treatment to children and youth who exhibit various physical and emotional problems which prevent them from remaining in their own homes or placement in a foster home situation. The main areas of care provided by the Group Care Unit are placement in:

(1) Residential Treatment Centers

(2) Small Group Homes

(3) Boarding Schools

(4) Halfway Houses.

Payment for care in these facilities will be based on a prior authorization and upon vendor invoices for exact charges.

50. Assessment for Group Care Services Only:

Enter Code "50" into Block 13 of POS 8, and complete POS 8, when an application for Group Care Services is filed. To use Code "50", the application must clearly be for Group Care Services only. Use Child Welfare Service Status Codes "G", "H", or other code, to describe where the child is when the application is filed. All blocks are to be completed to the maximum extent possible; it is recognized that these first entries are preliminary. No payments will be made during the assessment.

If child is taken into care, make appropriate changes on POS 8A, and complete a new POS 8 for the authorized service.

If child is not taken into care, use one of the case closing Achievement Codes (1, 2, or 3) and use one of the Discharge CWS Codes on a closing POS 8A, if child had a legal status code; otherwise use another appropriate CWS Status Code.

51. Residential Treatment Centers: Mixed

Those facilities that provide intensive care and supervision to children and teenagers exhibiting emotional, physical or adjustment problems. The centers are designed to help the child to achieve his/her maximum potential. Code 51 is to be used only for centers which treat both emotional problems, mental retardation, and physical problems.

52. Residential Treatment Centers (Emotionally Disturbed):

Those facilities that provide intensive care and supervision to children and teenagers who exhibit emotional problems, but who possess low normal to above average intelligence.

53. Residential Treatment Centers (Mental Retardation):

Those facilities that provide intensive care and supervision to children and teenagers who have been diagnosed as mentally retarded.

(12/74) 54. Invoiced Foster Care Provided Through Agencies: Including college board/room:

55. Small Group Homes:

Those facilities, located in the community, that serve the needs of those children and teenagers whose circumstances prevent them from remaining in their own home, but for whom residential treatment would be totally inappropriate. The Homes are supervised units that make use of all the available resources within the community. These resources range from education to health. The programs are designed to help the individual in his/her preparation to return either to their own home, a foster home, or to the community.

56. Boarding Schools:

Those facilities that are deemed educational in nature. They are designed for the child or teenager who is having problems adjusting to or working in a public school environment, and the child or teenager who has a learning disability that requires a great deal more supervision and treatment than would ordinarily be provided in the public schools. The facilities may also serve the needs of the educable child who may show signs of mild retardation.

57. UNMARRIED PARENT ARRANGEMENT AND OTHER CARE WITHOUT QUARTERLY CLOTHING.

(12/74) 58. Tuition for Colleges, Universities (Used only if approved by Office of Social Services.

59. Extra Care in Group Care Facilities:

This means that the child has been placed in a Group Care facility, that payment to the facility for care has been authorized, and that a supervisor has authorized the payment of extra care to that facility. (See Special Instructions on extra care.)

CODES:	DEFINITIONS:	Section Number of Chapter 119 in the Massachusetts General Laws.
(12/74) 11	51 A	Reported Cases of Child Abuse, Neglect and/or Drug Addiction at Birth. (Chapter 1076)
12	51 B	Reserved
13	51 C	Hospital/Physician Retains Custody for Child Abuse
14	9	Authority to remove child from Independent Placement. Use with Assessment only.
15	210	Release for Adoption
(12/74) 16	1073	Children in Need of Services

SPECIAL INSTRUCTIONS

CHILD WELFARE SERVICE STATUS

Child Welfare Service Status Codes apply to Child Welfare Services, particularly to children who are taken into care, who are under the supervision of the Department in their parent's home, in foster homes, in institutions, and in their own living arrangement (e.g., in a YMCA or at a school).

Child Welfare Service Status Codes, in contrast to Achievement Status Codes, which relate to the total plan for the primary client and which relate to the Goal, relates only to service provision; each Service Status is to be only one Achievement Status per primary client; there may be as many different Service Status Codes as there are services. Enter the Achievement and Child Welfare Service Status each and everytime an authorization is changed or updated.

See Special Instructions: Achievement Status for further discussion.

Note that Clothing Flat Grants will be paid to almost all children for whom a care and maintenance payment is made. Because the Child Welfare Service Status Codes are significant in the formation of timely and accurate payments, special notes are added to the codes so that staff may know what payment actions the codes will precipitate.

CODE:	DEFINITIONS:	REQUIRES POS 8A	REQUIRES POS 8	STOPS PAYMENT	STARTS PAYMENT
12/74) A.	Initial and Continuing Placements: Code "A" designates an open case in Foster Care. May also be used when child is at home in special situations. Note: The WSO Number indicates the office that has responsibility for supervision.		x		x
	Initial Placement: With Parents or Relatives, Appropriate only if court action or a Voluntary assigns supervision to DFCS.		x		No Payment
12/74) B.	Adoption Placement Unit: Code "B" indicates an open case and indicates that A.P.U. is involved in case planning. Note: Code "B" is for A.P.U. use only.	x	Depends	Depends	Depends

CODE:	DEFINITIONS:	REQUIRES POS 8A	REQUIRES POS 8	STOPS PAYMENT	STARTS PAYMENT
(12/74) C.	Group Care Unit: Code "C" indicates an open and active case and indicates that G.C.U. is involved in case planning. Note: Code "C" is for G.C.U. use only and will be used on G.C.U. authorizations. Child supervision remains with the regional social services worker.	x	Depends	Depends	Depends

All of the following statuses (D-Z) will stop foster care or institutional residential care effective on the date specified in the "TO" field of Block 17. Medicaid and Clothing will also terminate on the date specified in the "TO" field of Block 17 of the POS-8. Note: If a foster care authorization is to be terminated and if the foster parent also receives extra care, then both authorizations must be terminated. The termination date in the "TO" field is to be one day before the date the child left the home.

CODE:	DEFINITIONS:	REQUIRES POS 8A	REQUIRES POS 8	STOPS PAYMENT	STARTS PAYMENT
(12/74) D.	Reserved.				
E.	Temporary Replacement (Hospital, Camp, Vacation): From G.C.U. Foster Home, or parents or relatives home to temporary placement. Payment on the original authorization, POS 8 is to stop until Code "E" is replaced and until new Service Provision dates are entered through a new POS 8.	x		x	
F.	Need of Special Service (college, or Special School not Group Care Units Responsibility): Includes placement such as the "Y" or landlords.	x	x	x	x
12/74) G.	With Parent: Code "G" will terminate payments and indicates that a child has been returned home to his parents but has not been discharged or has been placed with adoptive parents but has not been discharged. No payments will be made for care and maintenance or clothing. Enter code "G" in Block #28 of POS 8 if child is with parents at time of assessment and application if "40" is entered in Block #13. If child is to receive MA while at home, complete a new POS 8 with Code "48" in Block 13, and an "A", "B", or "C" in Block 28.	x		x	

APPENDIX

(Cities and Towns Served by Home Care Corporations)

DPW Regions	Home Care Corporations
Boston (Breakdown by CSA Not Available)	
City Sub-Sections	
Hyde Park	1. South West Boston Senior Services
West Roxbury	" "
South Jamaica Plain	" "
West Mattapan	" "
Alston-Brighton	2. Area II- Home Care for Senior Citzens
Fenway-Kenmore	" "
Back Bay	" "
South End	" "
Roxbury	" "
North Dorchester	" "
Franklin Field	" "
Parker Hill	" "
North Jamaica Plain	" "
Charlestown	3. Senior Home Care Services, Boston III, Inc.
East Boston	" "
South Boston	" "
North End	" "
Beacon Hill-West End	" "
Columbia Point	" "
Dorchester(including Uphams Corner)	" "
East Mattapan	" "

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Greater Boston Region	
Brookline CSA	No towns Served
Waltham CSA	No Towns Served
Norwood CSA	No Towns Served
Quincy CSA	No Towns Served
Framington CSA	No Towns Served
Wakefield CSA	
Melrose	Mystic Valley Elderly H.C.
Medford CSA	
Everett	Mystic Valley Elderly H.C.
Malden	" "
Medford	" "
Lynn CSA	
Lynn	Greater Lynn Senior Services
Lynnfield	" "
Nahant	" "
Saugus	" "
Swampscott	" "
Chelsea CSA	
Chelsea	Chelsea/Revere/Winthrop HCC
Revere	" "
Winthrop	" "
Cambridge CSA	
Cambridge	Somerville/Cambridge HCC

APPENDIX CONTINUED

DPW regions	Home Care Corporations
Greater Boston Region Cont.	
Somerville CSA	
Somerville	Somerville/Cambridge HCC
Lawrence Region	
Lawrence CSA	
Andover	Merrimac Valley HC Center
Lawrence	" "
Methuen	" "
North Andover	" "
Haverhill CSA	
Amesbury	Merrimac Valley HC Center
Georgetown	" "
Groveland	" "
Haveriill	" "
Merrimac	" "
Newburyport	" "
Salisbury	" "
West Newbury	" "
Beverly CSA	
Essex	Gloucester/Rockport Senior HC Services

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Lawrence Region Cont.	
Beverly CSA Cont.	
Gloucester	Gloucester/Rockport Senior HC Services
Ipswich	" "
Manchester	" "
Rockport	" "
Lowell CSA	
Billerica	Merrimac Valley HC Center
Chelmsford	" "
Dracut	" "
Dunstable	" "
Lowell	" "
Tewksbury	" "
Tyngsborough	" "
Westford	" "
Woburn CSA	No Towns Served
New Bedford Region	
New Bedford CSA	No Towns Served
Falmouth CSA	
Barnstable	Elder Services of Cape Cod and the Islands
Bourne	" "
Brewster	" "

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
New Bedford Region Cont.	
Falmouth CSA Cont.	
Chatham	Elder Services of Cape Cod and the Islands
Chilmark	" "
Dennis	" "
Eastham	" "
Edgartown	" "
Falmouth	" "
Gay Head	" "
Harwich	" "
Mashpee	" "
Nantucket	" "
Oak Bluffs	" "
Orleans	" "
Provincetown	" "
Sandwich	" "
Tisbury	" "
Truro	" "
Wellfleet	" "
West Tisbury	" "
Yarmouth	" "

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APPENDIX CONTINUED

DPW Regions	Home Care Corporations
New Bedford Region Cont.	
Fall River CSA	
Fall River	Bristol Co.Home Care for Elderly
Freetown	" "
Somerset	" "
Swansea	" "
Westport	" "
Brockton CSA	
Bridgewater	Old Colony Elder Services
Brockton	" "
East Bridgewater	" "
West Bridgewater	" "
Whitman	" "
Plymouth CSA	
Halifax	Old Colony Elder Services
Marshfield	" "
Pembroke	" "
Attleboro CSA	
Attleboro	Bristol Co. Home Care for Elderly
Mansfield	" "
North Attleboro	" "
Norton	" "

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
New Bedford Region Cont.	
Taunton CSA	
Berkley	Bristol Co. Home Care for Elderly
Dighton	" "
Raynham	" "
Seekonk	" "
Taunton	" "
Rehoboth	" "
Springfield Region	
Pittsfield CSA	
Adams	Berkshire Co. HCC.
Alford	" "
Becket	" "
Cheshire	" "
Clarksburg	" "
Dalton	" "
Egremont	" "
Florida	" "
Great Barrington	" "
Hancock	" "
Hinsdale	" "
Lanesborough	" "
Lee	" "
Lenox	" "

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Springfield Region Cont.	
Pittsfield CSA Cont.	
Monterey	Berkshire Co. HCC.
Mount Washington	" "
New Ashford	" "
New Marlborough	" "
North Adams	" "
Otis	" "
Peru	" "
Pittsfield	" "
Richmond	" "
Sandisfield	" "
Savoy	" "
Sheffield	" "
Stockbridge	" "
Tyringham	" "
Washington	" "
West Stockbridge	" "
Williamstown	" "
Windsor	" "
Monroe	Franklin Co. HCC.

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Springfield Region Cont.	
Northampton CSA	
Amherst	Highland Valley Elder Service Center
Ashfield	Franklin Co. HCC.
Bernardston	" "
Blanford	Highland Valley Elder Service Center
Buckland	Franklin Co. HCC.
Charlemont	" "
Chester	Highland Valley Elder Service Center
Chesterfield	" "
Colrain	Franklin Co. HCC.
Conway	" "
Cummington	Highland Valley Elder Service Center
Deerfield	Franklin Co. HCC.
Easthampton	Highland Valley Elder Service Center
Erving	Franklin Co. HCC.
Gill	" "
Goshen	Highland Valley Elder Service Center
Granville	" "
Greenfield	Franklin Co. HCC.
Hadley	Highland Valley Elder Service Center
Hatfield	" "

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Springfield Region Cont.	
Northampton CSA Cont.	
Hawley	Franklin Co. HCC.
Heath	" "
Huntington	Highland Valley Elder Service Center
Leverett	Franklin Co. HCC.
Leyden	" "
Middlefield	Highland Valley Elder Service Center
Montague	Franklin Co. HCC.
Montgomery	Highland Valley Elder Service Center
Northampton	" "
Pelham	" "
Plainfield	" "
Rowe	Franklin Co. HCC.
Russell	Highland Valley Elder Service Center
Shelburne	Franklin Co. HCC.
Shutesbury	" "
Southampton	Highland Valley Elder Service Center
Southwick	" "
Sunderland	Franklin Co. HCC.
Tolland	Highland Valley Elder Service Center
Wendell	Franklin Co. HCC.
Westfield	Highland Valley Elder Service Center

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Springfield Region Cont.	
Northampton CSA Cont.	
Westhampton	Highland Valley Elder Service Center
Whately	Franklin Co. HCC.
Williamsburg	Highland Valley Elder Service Center
Worthington	" "
Northfield	Franklin Co. HCC.
Holyoke CSA	
Belchertown	Holyoke/Chicopee HCC.
Chicopee	Holyoke/Chicopee HCC.
Granby	" "
Holyoke	" "
Ludlow	" "
South Hadley	" "
Springfield CSA	
Agawam	HCC. of Springfield
East Longmeadow	" "
Hampden	" "
Longmeadow	" "
Springfield	" "
West Springfield	" "
Wilbraham	" "
Ware	Holyoke/Chicopee HCC.
Worcester Region	
Gardner CSA	
Athol	Franklin Co. HCC.

APPENDIX CONTINUED

DPW Regions	Home Care Corporations
Worcester Region Cont.	
Gardner CSA Cont.	
Gardner	Montachusett HCC.
New Salem	Franklin Co. HCC.
Orange	" "
Petersham	" "
Phillipston	" "
Royalston	" "
Warwick	" "
Winchendon	Montachusett HCC.
Southbridge CSA	No Towns Served
Fitchburg CSA	
Fitchburg	Montachusett HCC.
Leominster	" "
Lunenburg	" "
Townsend	" "
Worcester CSA	
Worcester	Elder Home Care Services of Worcester Area
Medway CSA	No Towns Served

HOME CARE CORPORATIONS

Berkshire Home Care Corporation
246 North Street
Pittsfield, Mass. 01201
Tel: # (413) 499-1353

Area II Home Care for Senior Citizens, Inc.
73 Hemenway Street
Boston, Mass. 02115
Tel: # (617) 266-1672

Old Colony Elder Services, Inc.
170 Main Street
Brockton, Mass. 02401
Tel: # (617) 584-1561

Chelsea/ Revere/ Winthrop Home Care
Center, Inc.
453 Broadway
Revere, Mass. 02151
Tel: # (617) 284-3600, Ext. 170

Franklin County Home Care Corporation
Central Street
Turner Falls, Mass. 01376
Tel: # (413) 774-2994

Greater Lynn Senior Services, Inc.
75 Union Street
Lynn, Mass. 01902
Tel: # (617) 599-0110

Holyoke/ Chicopee Home Care Corporation
364-66 Maple Street
Holyoke, Mass. 01040
Tel: # (413) 538-9020

Montachusett Home Care Corporation, Inc.
124 Main Street
Fitchburg, Mass. 01420
Tel: # (617) 345-7312

Somerville/ Cambridge Home Care Corps.
249 Elm Street
Somerville, Mass. 02143
Tel: # (617) 628-2601-02

Elder Home Care Services of Worcester
67 Highland Street
Worcester, Mass. 01609
Tel: # (617) 756-1545

S.W. Boston Senior Services, Inc.
4258 Washington Street
Roslindale, Mass. 02131
Tel: # (617) 325-0525

Senior Home Care Services,
Boston III, Inc.
32 City Square
Charlestown, Mass. 02129
Tel: # (617) 241-7515-16-17-18

Elder Services of Cape Cod & the
Islands, Inc.
146 Main Street
Hyannis, Mass. 02601
Tel: # (617) 771-4248

Bristol County Home Care for Elderly Inc.
178 Pine Street
Fall River, Mass. 02720
Tel: # (617) 675-2101

Gloucester, Rockport Senior Home
Care Services, Inc.
94 Main Street
Gloucester, Mass. 01930
Tel: # (617) 281-1750

Highland Valley Elder Service Center
58 Pleasant Street
Northampton, Mass. 01060
Tel: # (413) 586-3130

Elder Home Care of the Merrimack Valley
477 Essex Street
Lawrence, Mass. 01840
Tel: # (617) 683-7747

Mystic Valley Elder Home Care Center Inc.
341A Forest Street
Malden, Mass. 02148
Tel: # (617) 324-3200

Home Care Corp. of Springfield, Inc.
1414 State Street
Springfield, Mass. 01109
Tel: # (413) 788-6194

PREFACE

For definitions of terms used in these procedures refer to Clarification of Terms and Functions beginning on I-44.

Trans. by Social Services Letter 13

STEP 1 Client requests social services by mail, telephone, or in person. Worker sends out or gives to client a Request for Service Form SOC-1 which is completed by client.

STEP 2 Request for Service Form SOC-1 is filed by worker and Master File procedures begin (see Master File).

STEP 3 Assessment: Worker interviews the client in order to clarify the nature of the request.

CONTRACTED DAY CARE

When a client requests day care, worker informs client of available contracted resources for the provision of such a service and ascertains whether client wants to use such resource. If the client agrees, the IRF worker will direct the client to the resource or resources to file application for entry.

Staff of the contracted agency shall determine the client's eligibility for the requested service, (SOC-3), and develop a service plan (SOC-5). Copies of appropriate forms are submitted to POSU.

CONTRACTED HOMEMAKER AND CONTRACTED CHORE - STEPS 4-12

STEP 4 Determination of Eligibility: Worker determines whether the client is eligible for Department social services both in terms of financial need and service need and when appropriate, assists the client in completing the Application Form SOC-3. Client signs this form.

STEP 5 Verification of Eligibility: Worker shall verify eligibility for social services. Verification may be done by:

a. Medicaid Eligibility card number indicated on Application Form.

b. For income eligibles, income may be verified if deemed necessary by the worker.

c. Informational or Referral Communication Form SOC-7.

d. SSI Referral Form.

1) "Sitting Safely" and "Standards for In-Home Care" are to be given to the Babysitter.

2) "How Well Do You Choose Your Babysitter" is for use by the client.

3) SOC-69 is to be given to the babysitter to complete and return to the SSIS clerk. A copy is to be sent to the Day Care Unit, Central Office.

b. Homemaker: Offer limited alternate non-contracted resources.

c. Chore: Offer limited alternate non-contracted resources.

STEP 5 Determination of Eligibility: Worker determines whether the client is eligible for Department social services both in terms of financial need and service need and when appropriate, assists the client in completing the Application Form SOC-3. Client signs this form.

STEP 6 Verification of Eligibility: Worker shall verify eligibility for social services. Verification may be done by:

a. Medicaid Eligibility card number indicated on Application Form.

b. For income eligibles, income may be verified if deemed necessary by the worker.

c. Information or Referral Communication Form SOC-7.

d. SSI Referral Form

e. Computer print-outs.

f. Phone contact (when needing immediate verification), followed by written documentation.

A. Verification of eligibility of current recipients of AFDC may be done by contracting the Assistance Payments Division or seeing a current medicaid eligibility card.

B. Verification of eligibility of current recipients of SSI may be done by contacting the local Social Security Administration Office, or seeing a current SSI card or a current medicaid eligibility card.

C. Verification of income eligibles may be done by asking to see evidence of gross monthly income, or with client's consent, contacting other sources. Documentary evidence need not be kept in the case record.

D. Verification of eligibility of General Relief Recipients shall be done by contacting the Assistance Payments Division.

(See Social Service Policy Manual, 6 CHSR II, Subpart B)

re: Eligibility

STEP 7 When a client is ineligible for Department services, the worker will offer the client Information and Referral Services. (Follow-up will be done only for eligible clients.)

STEP 8 When a client is eligible for social services, the worker forwards the Request for Services Form SOC-1, the Application Form SOC-3, and any other relevant forms to the Master File Clerk on the same day as the Application Form is completed. (see Master File)

Worker must indicate what category client fits into as specified in Service Needs Criteria for specific service.

STEP 9 If a person is eligible for services, the following would apply:

A. Joint client-worker development of the Service Plan: Client and IRF worker together determine the goals, barriers, and services needed by the client. Worker completes the Service Plan Worksheet SOC-5-1 and the Service Plan SOC-5.

1. When the client request 20 or more hours of homemaker services per week, the worker performs a social diagnosis and, when the worker determines that the client's need for homemaker services arises from a medical condition, obtains a medical diagnosis, confirming the need for services, to supplement the social diagnosis.

2. Administrative approval must be obtained on certain day care, homemaker and chore requests. See SOC-29.

   a. Day Care cases requiring a waiver of the time limitation. The local office Director/designee must approve such request. A copy of the approval must be sent to the Day Care Unit at Central Office.

b. Homemaker or Chore cases requiring exception approval. A copy of the approval must be sent to the Homemaker/Chore Unit at Central Office. The Associate Regional Administrator for Social Service must grant such approval.

B. Client is referred to a Generalist worker for Service Plan development. This occurs when there is:

1. a situation requiring protective services
2. a placement is being requested
3. more than one defined service requested
4. a complex case where more than one defined service is indicated

STEP 10 When the IRF worker completes the Service Plan he may authorize the service needed by the client and for which he is eligible, using the Purchase of Service Authorization POS-8 when such a service is being purchased. See instructions SOC-ADM 15.

STEP 11 If a resource is not available for referral or the client does not accept an available resource the SOC-1 is forwarded to the clerk for Waiting List processing and filing.

STEP 12 Worker follows up on all referrals within two weeks of the first appointment with the person or agency to which the referral was made, or, if no specific appointment was made, within 2 weeks of the date of the referral (see Referral and Follow-up Process).

STEP 13 On closed referral for new cases the SOC-1 and SOC-9 are submitted to the clerk for appropriate processing and filing.

On closed referral for ongoing cases the SOC-9 is filed in case record; appropriate information is noted in narrative.

STEP 14 Worker terminates case when appropriate and completes a Social Service Plan Reassessment/Termination (SOC 5-A).

STEP 15 When the case is not terminated and on-going case management is required, the IRF worker transfers the case to a Generalist Unit.

CLOSED REFERRAL

Step 1 - Client makes a request for service using a SOC-1. Worker completes a brief assessment to clarify service request and to see if client seems financially eligible and in need of the service requested per Social Service policy.

Step 2 - Worker must inform client of available contracted resources for the service requested. Worker ascertains whether client is willing to use such resource.

Step 3 - Once it has been agreed to use a particular contracted resource, worker immediately refers client to contracted agency by mailing a SOC-9 to that agency.

Step 4 - Contracted agency staff receives SOC-9 and interviews client. The contracted agency:

1. Determines the client's eligibility for the requested service by completing a SOC-3.
2. Develops a service plan (SOC-5).
3. Responds to the SOC-9.
4. Submits copies of all forms listed in 1-3 above to POSU.
5. Returns one copy of the completed SOC-9 to the Department worker initiated the referral.

Step 5 - If a contracted resource is not available; worker takes on application (SOC-3) and processes it including waiting list classification.

Step 6 - If contracted agency has not returned the SOC-9 after two weeks the worker follows up on the referral with the contracted agency.

Step 7 - For new cases the worker attaches the SOC-9 to the SOC-1 and submits to clerk for filing in Closed Referral File for Forms.

Closed Referral File for Forms - When the social worker submits a SOC-1 and SOC-9 to clerk the SOC forms shall be filed in one location in each office alphabetically by client's last name.

Step 8 - For ongoing cases the retruned SOC-9 is filed in case record and a notation is made in the case narrative that client is receiving service from a contracted agency. If no other services are being provided the case is closed per regular procedures.

Requests for Day Care, Homemaker or Chore Services within ongoing service cases.

N.B. These procedures also apply to WIN and other specialist staff.

STEP 1 Worker in conjunction with client assesses the need for the requested service. See specific services for criteria.

CONTRACTED DAY CARE - STEPS 2-3

STEP 2 Once it is determined that the service is needed, the worker informs the client of available contracted resources for the provision of such service and ascertains whether client wants to use such resource. If client agrees, the worker shall direct the client to the resource or resources to file application for entry.

Copies of appropriate forms are submitted to POSU by the contracted agency.

STEP 3 Reserved.

CONTRACTED HOMEMAKER - STEPS 4-8

STEP 4 New Request: IRF procedures are to be followed when there is a new request for homemaker service on an ongoing social service case or when a case has been transferred from IRF prior to the completion of eligibility.

STEP 5 Redetermination of Eligibility: Worker completes the redetermination of fiscal and programmatic eligibility (SOC-3 and SOC-5-A).

1. When the client requests homemaker services, the worker performs a social diagnosis and, when the

SOCIAL SERVICES PROCEDURES MANUAL

INDEX OF FORMS AND INSTRUCTIONS

SOC AND POS FORMS

Name of Form/Instruction	Form Number	Effective/ Rev. date
Master File		
Record Room Request	SOC-ADM-10	-
Request for Service Deliver Log	SOC-ADM-13	-
Social Services Transfer Card	SOC-ADM-11	Rev. 8/74
Manual for Title XX Reporting Forms		
Client's Request for Service	SOC-1	
Social Services Application	SOC-3	Eff. 10/75
Notification Form Letter	SOC-12A	Rev. 8/76
Request for Fair Hearing	SOC-13	Eff. 8/76
Client Notification Listing	SOC-14	Eff. 8/76
Social Service Plan Worksheet	SOC-5-1	-
Social Service Plan	SOC-5	Eff. 10/75
Social Service Plan Reassessment	SOC-5A	-
Information or Referral Communication	SOC-7	-
Referral for Services	SOC-9	-
DEA Transfer Transmittal	SOC-20A	Eff. 3/79
DEA Transfer Client Notification	SOC-20B	Eff. 3/79

worker determines that the client's need for homemaker services arises from a medical condition, obtains a medical diagnosis confirming the need for services to supplement the social diagnosis.

2. Administrative approval must be obtained on certain homemaker cases requiring exception approval. A copy of the approval must be sent to the Homemaker/Chore Unit at Central Office. The Associate Regional Administrator for Social Services must grant such approval.

3. If a disabled client reaches the age of 60 and continues to need homemaker services, he or she becomes eligible to receive the services from the Department of Elder Affairs rather than the Department of Public Welfare. The worker shall transfer the responsibility for providing services to the appropriate Home Care Corporation. See instructions under Special Instructions-Homemaker and Chore Services, page 1-43-1. The client's date of birth is in Block 9 of the POS-8 Form.

STEP 6 Determination of Ineligibility: Worker is to notify the client (SOC-12A) and the contracted provider (POS-8A) if the service is to be terminated or reduced.

STEP 7 Determination of Eligibility:

a. If the worker determines the client eligible for continuation of service at the same number of units (hours), the service is re-authorized on a POS-8A.

b. If the worker determines the client eligible for an increase in the number of units (hours), the worker must then inform the client of such eligibility and of the availability of any contracted resource.

   1. If a resource is available within the same contracted agency from which the client is currently receiving services, worker would authorize the increase on the POS-8A.

   2. If there is a resource with a contracted agency other than the one from which the client is currently receiving services and the client is willing to accept such a resource, worker would authorize the service to that agency for the additional units required (POS-8)

STEP 7 (continued)

3. If there are no contracted resources or the client does not accept an available resource, worker would place the client on the waiting list. (See waiting list instructions).

N.B. POS-8 and POS-8A Authorizations: The original POS-8 (8A) is sent to the Contracted Provider. Copies are batched and sent at the end of each month by each CSA to the Purchase of Service Unit, Attn: Homemaker, 600 Washington Street, Boston, MA. 02111. Do Not send authorization copies to the Data Prep. and Entry Unit, 43 Hawkins St., Boston. Item 29 is to be completed on the POS-8 (8As) for the service need code and the number of hours/days per week for which the service is authorized. The POS-8A not the Reauthorization Report is to be used for re-authorizations.

STEP 8 NON-CONTRACTED DAY CARE AND CHORE - STEPS

If client is not able or does not wish to obtain service through a contracted agency then other resources, when available, are explored.

a. Day Care: Explain babysitting and independent family day care policy, especially the criteria for limited use. A "Client-Sitter Package" must be given to each client requesting this type of day care. The client-sitter package includes the manuals, "Sitting Safely" and "How Well Do You Choose Your Babysitter"; the Standards for In-Home Care, and In-Home Information Form SOC-69.

The client requesting approval for babysitting will be presented with the client sitter package and instructed in its use.

1. "Sitting Safely" and "Standards for In-Home Care" are to be given to the Baby-sitter.

2. "How Well Do You Choose Your Babysitter" is for use by the client.

3. SOC-69 is to be given to the babysitter to complete and return to the SSIS clerk. A copy is to be sent to the Day Care Unit, Central Office.

b. Chore: Offer limited alternate non-contracted resources.

STEP 9 When a contracted resource is not going to be used the following must be done:

1. When the client requests chore services the worker performs a social diagnosis and, when the worker determines that the client's need for chore services arises from a medical condition, obtains a medical diagnosis, confirming the need for services, to supplement the social diagnosis.

2. Administrative approval must be obtained on certain day care and chore requests.

    a. Day Care cases requiring a waiver of the time limitation. The local office Director/designee must approve such request. A Copy of the approval must be sent to the Day Care Unit at Central Office.

    b. Chore cases requiring exception approval. A copy of the approval must be sent to the Homemaker/Chore Unit at Central Office. The Associate Regional Administrator for Social Services must grant such approval.

STEP 10 When the Generalist worker completes the Service Plan he may authorize the service needed by the client and for which the client is eligible using the Purchase of Service Authorization POS-8 through a noncontracted individual vendor arrangement.

STEP 11 If a disabled client reaches the age of 60 and continues to need chore services, he or she becomes eligible to receive the services from the Department of Elder Affairs rather than from the Department of Public Welfare. The worker shall transfer the responsibility for providing services to the Department of Elder Affairs. See instructions under Special Instructions-Homemaker and Chore Services, Page I-43-1. The client's date of birth is in block 9 of the POS-8 Form.

TRANSFER TO THE DEPARTMENT OF ELDER AFFAIRS

SSI-DA Clients, Age 60 and Over

The Department of Public Welfare provides homemaker and chore services to SSI clients under the age of 60. At the age of 60, they become eligible for services from the Department of Elder Affairs home care system. The social service worker should check the client's age, which can be found in block 9 of the POS-8, at each redetermination. When the client reaches 60, the worker shall transfer responsibility for providing homemaker or chore services to the Department of Elder Affairs. The procedures for completing the transfer follow:

STEP 1.0 Begin the transfer at the beginning of the authorization period in which the client becomes 60. Determine this period by checking the client's age at each service redetermination and nothing which clients will reach age 60 in their next authorization period. Complete Steps 2.0 - 5.1 immediately.

STEP 2.0 Determine the date on which the client will be formally transferred. This date should be the last day of the authorization period in which the client's 60th birthday occurs.

STEP 3.0 Identify the Home Care Corporation to which the client will be transferred. This is determined by the client's place of residence. A list of cities and towns, arranged by CSA, and of the Home Care Corporations which serve them is attached to these instructions.

STEP 4.0 Complete a DEA Transmittal Form (SOC-20A) according to the instructions following the form in this Manual. Make two copies of the completed form.

4.1 Mail the original of the form to the appropriate Home Care Corporation immediately.

4.2 Mail one copy to the service provider.

4.3 File one copy alphabetically with the Transmittal Forms of clients previously transferred to Elder Affairs.

STEP 5.0 Complete a DEA Transfer Client Notification (SOC-20B) according to instructions following the form in this Manual. Make one copy of the completed form.

TRANSFER TO THE DEPARTMENT OF ELDER AFFAIRS

STEP 5.1 Mail the original of the form to the client immediately. This letter must be sent on time. Because the transfer is a change in the client's status, the failure to give a proper ten-day notice is grounds for an appeal.

File a copy of the letter in the client's case record.

STEP 6.0 Close the case through the regular POS-8 procedure, including notification of the provider. Note that a SOC-12-A does not have to be sent to the client since the SOC-20B fills the same function.

STEP 7.0 Deliver the client's case record to the appropriate Home Care Corporation on the day of the transfer. The record must be complete and up-to-date.

7.1 Obtain a signed receipt for the case record from the Home Care Corporation. File this receipt alphabetically by Home Care Corporation with the Case Record Receipt Forms for the clients transferred previously. If a record is mailed it must be registered.

Cities and Towns Served by Home Care Corporations

BOSTON REGION	HOME CARE CORPORATION
City Sub-Sections	
Hyde Park	Southwest Boston Senior Services
West Roxbury	Southwest Boston Senior Services
South Jamaica Plain	Southwest Boston Senior Services
West Mattapan	Southwest Boston Senior Services
Allston-Brighton	Area II HC Senior Citizens
Fenway-Kenmore	Area II HC Senior Citizens
Back Bay	Area II HC Senior Citizens
South End	Area II HC Senior Citizens
Roxbury	Area II HC Senior Citizens
North Dorchester	Area II HC Senior Citizens
Franklin Field	Area II HC Senior Citizens
Parker Hill	Area II HC Senior Citizens
North Jamaica Plain	Area II HC Senior Citizens
Charlestown	Area II HC Senior Citizens
East Boston	Senior HC Services, Boston III
South Boston	Senior HC Services, Boston III
North End	Senior HC Services, Boston III
Beacon Hill-West End	Senior HC Services, Boston III
Columbia Point	Senior HC Services, Boston III
Dorchester (including Uphams Corner)	Senior HC Services, Boston III
East Mattapan	Senior HC Services, Boston III

SPRINGFIELD REGION	HOME CARE CORPORATION
Greenfield CSA	
Ashfield	Franklin Co. HCC
Athol	Franklin Co. HCC
Bernardston	Franklin Co. HCC
Buckland	Franklin Co. HCC
Charlemont	Franklin Co. HCC
Colrain	Franklin Co. HCC
Conway	Franklin Co. HCC
Deerfield	Franklin Co. HCC
Erving	Franklin Co. HCC
Gill	Franklin Co. HCC
Greenfield	Franklin Co. HCC
Hawley	Franklin Co. HCC
Heath	Franklin Co. HCC
Leverett	Franklin Co. HCC
Leyden	Franklin Co. HCC
Montague	Franklin Co. HCC
New Salem	Franklin Co. HCC
Northfield	Franklin Co. HCC
Orange	Franklin Co. HCC
Petersham	Franklin Co. HCC
Phillipston	Franklin Co. HCC
Rowe	Franklin Co. HCC
Royalston	Franklin Co. HCC
Rowe	Franklin Co. HCC
Shelburne	Franklin Co. HCC
Shutesbury	Franklin Co. HCC
Sunderland	Franklin Co. HCC
Warwick	Franklin Co. HCC
Wendell	Franklin Co. HCC
Holyoke CSA	
Belchertown	Holyoke/Chicopee HCC
Chicopee	Holyoke/Chicopee HCC
Granby	Holyoke/Chicopee HCC
Holyoke	Holyoke/Chicopee HCC
Ludlow	Holyoke/Chicopee HCC
Monson	HCC of Springfield
Palmer	HCC of Springfield
South Hadley	Highland Valley Elder Service Center
Southampton	Highland Valley Elder Service Center
Ware	Holyoke/Chicopee HCC

SPRINGFIELD REGION	HOME CARE CORPORATION
Northampton CSA	
Amherst	Highland Valley Elder SC
Chesterfield	Highland Valley Elder Service Center
Cummington	Highland Valley Elder Service Center
Easthampton	Highland Valley Elder Service Center
Goshen	Highland Valley Elder Service Center
Hadley	Highland Valley Elder Service Center
Hatfield	Highland Valley Elder Service Center
Middlefield	Highland Valley Elder Service Center
Northampton	Highland Valley Elder Service Center
Pelham	Highland Valley Elder Service Center
Plainfield	Highland Valley Elder Service Center
Westhampton	Highland Valley Elder Service Center
Whately	Franklin Co. HCC
Williamsburg	Highland Valley Elder Service Center
Worthington	Highland Valley Elder Service Center
Pittsfield CSA	
Adams	Berkshire HCC
Alford	Berkshire HCC
Becket	Berkshire HCC
Ceshire	Berkshire HCC
Clarksburg	Berkshire HCC
Dalton	Berkshire HCC
Egremont	Berkshire HCC
Florida	Berkshire HCC
Great Barrington	Berkshire HCC
Hancock	Berkshire HCC
Hinsdale	Berkshire HCC
Lanesborough	Berkshire HCC
Lee	Berkshire HCC
Lenox	Berkshire HCC
Monroe	Franklin Co. HCC
Monterey	Berkshire HCC
Mount Washington	Berkshire HCC
New Ashford	Berkshire HCC
New Marlborough	Berkshire HCC
North Adams	Berkshire HCC
Otis	Berkshire HCC
Peru	Berkshire HCC
Pittsfield	Berkshire HCC
Richmond	Berkshire HCC
Sandisfield	Berkshire HCC
Savoy	Berkshire HCC
Sheffield	Berkshire HCC
Stockbridge	Berkshire HCC
Tyringham	Berkshire HCC

SPRINGFIELD REGION	HOME CARE CORPORATION
Pittsfield CSA (cont.)	
Washington	Berkshire HCC
West Stockbridge	Berkshire HCC
Williamstown	Berkshire HCC
Windsor	Berkshire HCC
Springfield CSA	
Agawam	HCC of Springfield
Blandford	Highland Valley Elder Service Center
Chester	Highland Valley Elder Service Center
East Longmeadow	HCC of Springfield
Granville	Highland Valley Elder Service Center
Hampden	HCC of Springfield
Holland	HCC of Springfield
Huntington	Highland Valley Elder Service Center
Longmeadow	HCC of Springfield
Montgomery	Highland Valley Elder Service Center
Russell	Highland Valley Elder Service Center
Southwick	Highland Valley Elder Service Center
Springfield	HCC of Springfield
Tolland	Highland Valley Elder Service Center
Westfield	Highland Valley Elder Service Center
West Springfield	HCC of Springfield
Wilbraham	HCC of Springfield

WORCESTER REGION	HOME CARE CORPORATION
Fitchburg CSA	
Ashby	Montachusett HCC
Ayer	Montachusett HCC
Berlin	Elder HCS of Worcester
Bolton	Montachusett HCC
Clinton	Montachusett HCC
Fitchburg	Montachusett HCC
Groton	Montachusett HCC
Lancaster	Montachusett HCC
Leominister	Montachusett HCC
Lunenburg	Montachusett HCC
Pepperell	Montachusett HCC
Shireley	Montachusett HCC
Sterling	Montachusett HCC
Townsend	Montachusett HCC
Gardner CSA	
Ashburnham	Montachusett HCC
Barre	Elder HCS of Worcester
Gardner	Montachusett HCC
Hardwick	Elder HCS of Worcester
Hubbardston	Montachusett HCC
New Braintree	Elder HCS of Worcester
Oakham	Elder HCS of Worcester
Princeton	Montachusett HCC
Rutland	Elder HCS of Worcester
Templeton	Montachusett HCC
Westminister	Montachusett HCC
Winchendon	Montachusett HCC
Medway CSA	
Bellingham	Southern Worcester HCC
Blackstone	Southern Worcester HCC
Douglas	Southern Worcester HCC
Franklin	Southern Worcester HCC
Grafton	Elder HCS of Worcester
Hopedale	Southern Worcester HCC
Medway	Southern Worcester HCC
Mendon	Southern Worcester HCC
Milford	Southern Worcester HCC
Millbury	Elder HCS of Worcester
Millville	Southern Worcester HCC
Northbridge	Southern Worcester HCC
Sutton	Southern Worcester HCC
Upton	Southern Worcester HCC
Uxbridge	Southern Worcester HCC

WORCESTER REGION	HOME CARE CORPORATION
Southbridge CSA	
Brimfield	HCC of Springfield
Brookfield	Southern Worcester HCC
Charlton	Southern Worcester HCC
Dudley	Southern Worcester HCC
East Brookfield	Southern Worcester HCC
North Brookfield	Southern Worcester HCC
Oxford	Southern Worcester HCC
Southbridge	Southern Worcester HCC
Spencer	Southern Worcester HCC
Sturbridge	Southern Worcester HCC
Wales	HCC of Springfield
Warren	Southern Worcester HCC
Webster	Southern Worcester HCC
West Brookfield	Southern Worcester HCC
Worcester CSA	
Auburn	Elder HCS of Worcester
Boylston	Elder HCS of Worcester
Holden	Elder HCS of Worcester
Leicester	Elder HCS of Worcester
Paxton	Elder HCS of Worcester
Shrewsbury	Elder HCS of Worcester
West Boylston	Elder HCS of Worcester
Worcester	Elder HCS of Worcester

LAWRENCE REGION	HOME CARE CORPORATION
Beverly CSA	
Beverly	Senior HC Services
Danvers	North Shore Elder
Essex	Senior HC Services
Gloucester	Senior HC Services
Hamilton	Senior HC Services
Ipswich	Senior HC Services
Manchester	Senior HC Services
Marblehead	North Shore Elder
Middleton	North Shore Elder
Peabody	North Shore Elder
Rockport	Senior HC Services
Salem	North Shore Elder
Topsfield	Senior HC Services
Wenham	Senior HC Services
Chelsea CSA	
Chelsea	Chelsea/Revere/Winthrop HCC
Revere	Chelsea/Revere/Winthrop HCC
Winthrop	Chelsea/Revere/Winthrop HCC
Haverhill CSA	
Amesbury	Merrimac Valley Elder HC
Boxford	Merrimac Valley Elder HC
Georgetown	Merrimac Valley Elder HC
Groveland	Merrimac Valley Elder HC
Haverhill	Merrimac Valley Elder HC
Merrimac	Merrimac Valley Elder HC
Newbury	Merrimac Valley Elder HC
Newburyport	Merrimac Valley Elder HC
Rowley	Merrimac Valley Elder HC
Salisbury	Merrimac Valley Elder HC
West Newbury	Merrimac Valley Elder HC
Lawrence CSA	
Andover	Merrimac Valley Elder HC
Lawrence	Merrimac Valley Elder HC
Methuen	Merrimac Valley Elder HC
North Andover	Merrimac Valley Elder HC
Lowell CSA	
Billerica	Merrimac Valley Elder HC
Chelmsford	Merrimac Valley Elder HC
Dracut	Merrimac Valley Elder HC
Dunstable	Merrimac Valley Elder HC
Lowell	Merrimac Valley Elder HC

LAWRENCE REGION	HOME CARE CORPORATION
Lowell CSA (con't)	
Tewksbury	Merrimac Valley Elder HC
Tyngsborough	Merrimac Valley Elder HC
Westford	Merrimac Valley Elder HC
Lynn CSA	
Lynn	Greater Lynn Senior Services
Lynnfield	Greater Lynn Senior Services
Nahant	Greater Lynn Senior Services
Saugus	Greater Lynn Senior Services
Swampscott	Greater Lynn Senior Services
Medford CSA	
Arlington	Minuteman
Everett	Mystic Valley Elder HCC
Malden	Mystic Valley Elder HCC
Medford	Mystic Valley Elder HCC
Wakefield CSA	
Melrose	Mystic Valley Elder HCC
North Reading	Mystic Valley Elder HCC
Reading	Mystic Valley Elder HCC
Stoneham	Mystic Valley Elder HCC
Wakefield	Mystic Valley Elder HCC

GREATER BOSTON REGION	HOME CARE CORPORATION
Brookline CSA	
Brookline	West Suburban Elder
Cambridge CSA	
Cambridge	Somerville/Cambridge HCC
Framingham CSA	
Ashland	Bay Path Seniors
Dover	Bay Path Seniors
Framingham	Bay Path Seniors
Holliston	Bay Path Seniors
Hopkinton	Bay Path Seniors
Hudson	Pay Path Seniors
Marlborough	Bay Path Seniors
Natick	Bay Path Seniors
Northborough	Bay Path Seniors
Sherborn	Bay Path Seniors
Southborough	Bay Path Seniors
Sudbury	Bay Path Seniors
Wayland	Bay Path Seniors
Westboro	Bay Path Seniors
Newton CSA	
Newton	West Suburban Elder
Needham	West Suburban Elder
Wellesley	West Suburban Elder
Weston	West Suburban Elder
Norwood CSA	
Canton	King Phillip Elder Services
Dedham	King Phillip Elder Services
Foxborough	King Phillip Elder Services
Medfield	King Phillip Elder Services
Millis	King Phillip Elder Services
Norfolk	King Phillip Elder Services
Norwood	King Phillip Elder Services
Plainville	King Phillip Elder Services
Sharon	King Phillip Elder Services
Walpole	King Phillip Elder Services
Westwood	King Phillip Elder Services
Wrentham	King Phillip Elder Services

GREATER BOSTON REGION	HOME CARE CORPORATION
Quincy CSA	
Braintree	South Shore HC
Cohasset	South Shore HC
Hingham	South Shore HC
Hull	South Shore HC
Milton	South Shore HC
Norwell	South Shore HC
Quincy	South Shore HC
Randolph	South Shore HC
Scituate	South Shore HC
Weymouth	South Shore HC
Somerville CSA	
Somerville	Somerville/Cambridge HCC
Waltham CSA	
Belmont	West Suburban Elder
Waltham	West Suburban Elder
Watertown	West Suburban Elder
Woburn CSA	
Acton	Minuteman HCC
Bedford	Minuteman HCC
Boxborough	Minuteman HCC
Burlington	Minuteman HCC
Carlisle	Minuteman HCC
Concord	Minuteman HCC
Harvard	Minuteman HCC
Lexington	Minuteman HCC
Lincoln	Minuteman HCC
Littleton	Minuteman HCC
Maynard	Minuteman HCC
Stow	Minuteman HCC
Wilmington	Minuteman HCC
Winchester	Minuteman HCC
Woburn	Minuteman HCC

NEW BEDFORD REGION	HOME CARE CORPORATION
Attleboro CSA	
Attleboro	Bristol Co. HC
Mansfield	Bristol Co. HC
North Attleboro	Bristol Co. HC
Norton	Bristol Co. HC
Brockton CSA	
Abington	Old Colony Elder
Avon	Old Colony Elder
Bridgewater	Old Colony Elder
Brockton	Old Colony Elder
East Bridgewater	Old Colony Elder
Easton	Old Colony Elder
Holbrook	South Shore
Rockland	Old Colony Elder
Stoughton	Old Colony Elder
West Bridgewater	Old Colony Elder
Whitman	Old Colony Elder
Fall River CSA	
Fall River	Bristol Co. HC
Freetown	Bristol Co. HC
Somerset	Bristol Co. HC
Swansea	Bristol Co. HC
Westport	Bristol Co. HC.
Falmouth CSA	
Barnstable	Elder Services of Cape Cod and Islands
Bourne	Elder Services of Cape Cod and Islands
Brewster	Elder Services of Cape Cod and Islands
Chatham	Elder Services of Cape Cod and Islands
Chilmark	Elder Services of Cape Cod and Islands
Dennis	Elder Services of Cape Cod and Islands
Eastham	Elder Services of Cape Cod and Islands
Edgartown	Elder Services of Cape Cod and Islands
Falmouth	Elder Services of Cape Cod and Islands
Gay Head	Elder Services of Cape Cod and Islands
Harwich	Elder Services of Cape Cod and Islands
Mashpee	Elder Services of Cape Cod and Islands
Nantucket	Elder Services of Cape Cod and Islands
Oak Bluffs	Elder Services of Cape Cod and Islands
Orleans	Elder Services of Cape Cod and Islands
Provincetown	Elder Services of Cape Cod and Islands

NEW BEDFORD REGION	HOME CARE CORPORATION
Falmouth CSA (Con't)	
Sandwich	Elder Services of Cape Cod and Islands
Tisbury	Elder Services of Cape Cod and Islands
Truro	Elder Services of Cape Cod and Islands
Wellfleet	Elder Services of Cape Cod and Islands
West Tisbury	Elder Services of Cape Cod and Islands
Yarmouth	Elder Services of Cape Cod and Islands
Plymouth CSA	
Carver	Old Colony Elder
Duxbury	Old Colony Elder
Halifax	Old Colony Elder
Hanover	Old Colony Elder
Hanson	Old Colony Elder
Kingston	Old Colony Elder
Marshfield	Old Colony Elder
Pembroke	Old Colony Elder
Plymouth	Old Colony Elder
Taunton CSA	
Berkley	Bristol Co. HC
Dighton	Bristol Co. HC
Lakeville	Old Colony Elder
Middleboro	Old Colony Elder
Raynham	Bristol Co. HC
Rehoboth	Bristol Co. HC.
Seekonk	Bristol Co. HC.
Taunton	Bristol Co. HC
New Bedford CSA	
Wareham	Old Colony Elder
Acushnet	Coastline Elder Services
Dartmouth	Coastline Elder Services
Fairhaven	Coastline Elder Services
Gosnold	Coastline Elder Services
Marion	Coastline Elder Services
Mattapoisett	Coastline Elder Services
New Bedford	Coastline Elder Services
Rochester	Coastline Elder Services

ADDRESSES AND TELEPHONE NUMBERS

OF HOME CARE CORPORATIONS

Area II Home Care For Senior
Citizens, Inc.
236 Huntington Avenue
Boston, Mass. 02115
Tel: (617) 266-1672

Bay Path Senior Citizens Services
5 Edgell Road
Framingham, Mass. 01701
Tel: (617) 620-0840

Berkshire Home Care Corporation
246 North Street
Pittsfield, Mass. 01201
Tel: (413) 499-1353

Bristol County Home Care
for Elderly Inc.
178 Pine Street
Fall River, Mass. 02720
Tel: (617) 675-2101

Chelsea/Revere/Winthrop Home Care
Center, Inc.
453 Broadway
Revere, Mass. 02151
Tel: (617) 284-3600, Ext. 170

Coastline Elderly Services, Inc.
13 Welby Road
New Bedford, Mass. 02745
Tel: (617) 998-3016

Elder Home Care Services
of Worcester
67 Highland Street
Worcester, Mass. 01609
Tel: (617) 756-1545

Elder Services of Cape Cod
& Islands, Inc.
146 Main Street
Hyannis, Mass. 02601
Tel: (617) 771-4248

Elderly Home Care Corporation
of Southern Worcester, Inc.
348 Main Street
Southbridge, Mass. 01550
Tel: (617) 764-2501

Franklin County Home Care Corporation
Central Street
Turner Falls, Mass. 01376
Tel: (412) 774-2994

Greater Lynn Senior Services, Inc.
25 Exchange Street
Lynn, Mass. 01902
Tel: (617) 599-0110

Highland Valley Elder Service Center
42 Gothic Street
Northampton, Mass. 01060
Tel: (413) 538-9020

Holyoke/Chicopee Home Care Corporation
198 High Street
Holyoke, Mass. 01040
Tel: (413) 538-9020

Home Care Corp. of Springfield, Inc.
1414 State Street
Springfield, Mass. 01109
Tel: (413) 781-8800

King Philip Elder Services, Inc.
365 Waltham Street
Walpole, Mass. 02081
Tel: (617) 668-1982

Minuteman Home Care Corporation
365 Waltham Street
Arlington, Mass. 02173
Tel: (617) 862-6200, 263-8720

ADDRESSES AND TELEPHONE NUMBERS

OF HOME CARE CORPORATIONS

Montachusett Home Care Corp., Inc.
124 Main Street
Fitchburg, Mass. 01420
Tel: (617) 345-7312

Mystic Valley Elder Home Care
Center, Inc.
341 A Forest Street
Malden, Mass. 02148
Tel: (617) 324-3200

North Shore Elder Services, Inc.
North Shore Shopping Center
Peabody, Mass. 01960
Tel: (617) 532-0330

Old Colony Elder Services, Inc.
65 R Main Street
Brockton, Mass. 02401
Tel: (617) 584-1561

Senior Home Care Services, Inc.
(Gloucester/Rockport)
94 Main Street
Gloucester, Mass. 01930
Tel: (617) 281-1750

Senior Home Care Service,
Boston III, Inc.
230 Boylston Street
Boston, Mass. 02116
Tel: (617) 267-7575

South Shore Elder Services, Inc.
c/o Hersey House
229 North Main Street
Hingham, Mass. 02401
Tel: (617) 749-6832

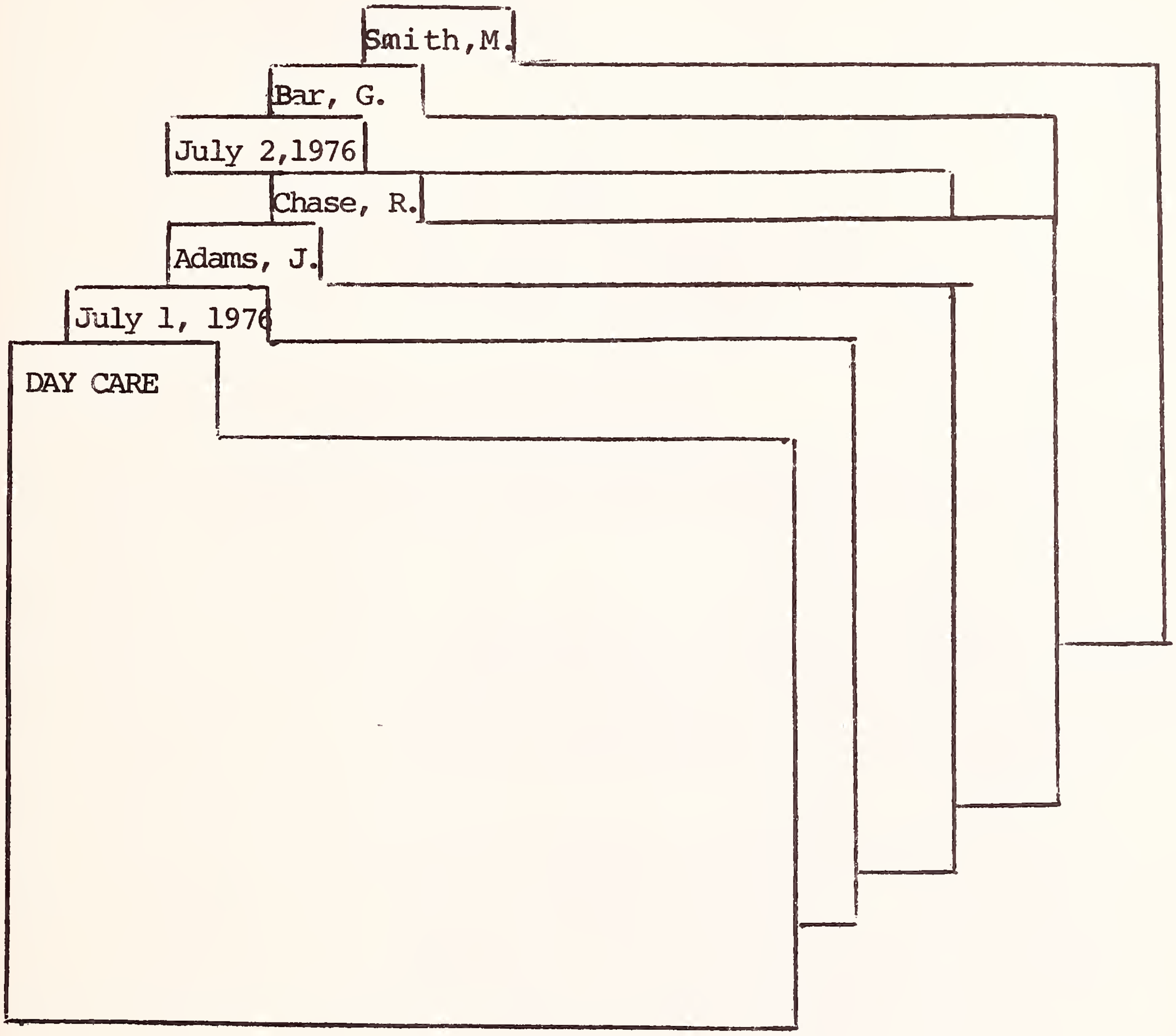
Somerville/Cambridge Home Care Corp.
249 Elm Street
Somerville, Mass. 02144
Tel: (617) 628-2601 -02

Southwest Boston Senior Services, Inc.
4258 Washington Street
Roslindale, Mass. 02131
Tel: (617) 325-6565

West Suburban Elder Services, Inc.
51 Spring Street
Watertown, Mass. 02172
Tel: (617) 926-3311

WAITING LIST

Below is a graphic which shows how the Waiting List File is set up.


Smith, M.
Bar, G.
July 2,1976
Chase, R.
Adams, J.
July 1, 1976
DAY CARE

B. Information on Waiting List Client Cards:

1. Client's name, last name first.
2. Client's address.
3. Client's telephone number.

4. Service requested including any special stipulations i.e. will only accept XYZ Center or must be a center which offers transportation etc.
5. Client category within the service.

Adams, Joan — Day Care
184 Short Street
Boston, MA 02110 — Category C
789-7405

Special Requirements

1. Must have transportation
2. Child has physical handicap

C. Use of Waiting List File:

When resource(s) for requested service become(s) available the following procedures shall be followed:

1. Review waiting list file for earliest date of request

   a) If the number of requests equals the number of slots available check to see if client is still in an eligible category. Notify client(s) service is now available and follow appropriate referral procedures if service is still requested.

   b) If the number of requests exceeds the number of slots available check to see if client is still in an eligible category. The social worker shall review all such cases and make a clinical casework judgement as to who is most in need as determined by a review of the assessment and diagnosis of each case. Other factors to be given consideration include location of facility i.e. accessibility for client, and sibling groupings. If cases seem to be equally in need of the service the first case, in alphabetical order, shall receive the service. Notify client(s) service is now available and follow appropriate referral procedures if service is still requested.

At the local level the Director/designee will have final approval for all transfers from non-contracted day care to contracted day care. If conflicts arise between CSA areas the Regional Administrator/designee will have final approval. Conflicts arising between regions should be forwarded to the Regional Coordinator for review and final approval by the Director of Day Care.

D. WAITING LIST FILE FOR FORMS:

Since there will be a SOC-1 on all new requests for Day Care, Homemaker and Chore services such forms shall be filed at the time that the waiting list file card is set up reflecting the client's request.

The SOC-1 forms shall be filed in one location in each office alphabetically by client's last name and those instances where a case record has been setup, these shall be maintained in the same file.

5.	Category:	The Day Care, Homemaker and Chore policies specify criteria by which clients are categorized. A category is a way of grouping cases and classifying them according to the reason for which the service will be provided. This category is to be recorded on Block 29 of the POS-8 and POS-8A and on waiting list card files.
6.	Closed Referral and Authorization-Homemaker;	Closed referral and authorization means the agency under contract with the Department may only accept cases which are referred and authorized by a local social service worker using the POS-8. The Department's direct service staff shall be responsible for case management activities, i.e., initial authorizations and reauthorizations.
7.	Open Referral-Day Care:	Massachusetts Social Services Policy Manual Chapter 2, Section VIII-B, 3 provides for open referral to the designated agency. Open referral means the agency under contract with the Department will be responsible for intake and eligibility determination, whether the client enters from the street or is directed by the Department. CSA staff shall be responsible for directing clients to available resources. The contracted agency is responsible for developing a service plan, and reporting vacancies to the appropriate CSA office(s). If the contracted agency does not have an available vacancy or its resources are inappropriate for the client's needs, it shall refer the client to other available day care resources within the community. This shall also include, if indicated, referral to the appropriate CSA for alternative planning.
8.	Waiting List:	A waiting list is a list of clients requesting a particular service for which no resource exists when the request for service is received or the client does not accept the available contracted resource.
9.	C.S.A. Budgeting:	C.S.A. budgeting is a system of expenditure control in which each C.S.A. authorizes services only within the limits of a monthly ceiling.

DEA TRANSFER TRANSMITTAL FORM (SOC-20A FORM)

Purpose:

To notify the Department of Elder Affairs, the appropriate Home Care Corporation, and the homemaker or chore service provider that an SSI-DA client who has been receiving homemaker or chore services from the Department has reached the age of 60 and is being transferred from the Department to the Home Care Corporation.

Procedures:

This Transmittal Form shall be completed to identify the client being transferred, the current service level, and the transfer date. It shall be sent to the Home Care Corporation which will serve the client and the provider who is providing the service at the beginning of the service authorization period in which the transfer occurs.

Distribute copies as follows:

A. Mail the original to the Home Care Corporation

B. Mail one copy to the service provider

C. File one copy alphabetically with the Transmittal Forms previously transferred to Department of Elder Affairs.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WELFARE

DEA TRANSFER TRANSMITTAL FORM

COMMONWEALTH OF MASSACHUSETTS–DEPARTMENT OF PUBLIC WELFARE–SERVICE AUTHORIZATION

1 AUTHORIZATION NO. (1)	[redacted]	4 ELIG. CODE (2)	5 CATEGORY (3)	6 SOCIAL SECURITY NUMBER (4)	[redacted]
8 NAME LAST (5)		FIRST		MI	[redacted]
[redacted]	13 SERVICE (6)	[redacted]			
22 VENDOR NAME (7)		23 VENDOR NUMBER (8)		[redacted]	
25 VENDOR ADDRESS (9)			[redacted]		

30. Client Address:

(10)

31. Home Care Corporation:

(11)

32. Date of Transfer:

(12)

33. Current Service Level:

a. Current authorization period:

From mm dd yy | To mm dd yy

(13)

b. Total service units authorized for current period.

(14) (No. hours)

c. Hours and days per week of service:

(15) (hrs.) ______ (days per week)

DEA TRANSFER TRANSMITTAL FORM (SOC-20A)

ITEM	NAME	DEFINITION/INSTRUCTIONS
1.	Authorization No.	Copy this from the client's current POS-8 or POS-8A.
2.	Eligibility Code	" " "
3.	Category	" " "
4.	Social Security No.	" " "
5.	Name	" " "
6.	Service	" " "
7.	Vendor Name	" " "
8.	Vendor Number	" " "
9.	Vendor Address	" " "
10.	Client Address	Write the client's street address, town, and zip code.
11.	Home Care Corporation	Write the HCC name, street address, town and zip code. NOTE: Clients are assigned to Home Care Corporations on the basis of their place of residence. The match between city or town and appropriate Home Care Corporation can be found in the list following the instructions under Special Instructions-Homemaker and Chore Service.
12.	Date of Transfer	Enter month, day, and year on which the client is transferred. This is the last day of the authorization period in which the client's 60th birthday occurs.

DEA TRANSFER TRANSMITTAL FORM (SOC 20A)

ITEM	NAME	DEFINITION/INSTRUCTIONS
13.	Current Authorization Period	Copy from item 17 on the current POS-8 or POS-8A.
14.	Total Service Units Authorized	Copy from item 16 on the current POS-8 or POS-8A.
15.	Hours and Days per week	Copy from item 29 on the current POS-8 or POS-8A.

DEA TRANSFER CLIENT NOTIFICATION (SOC-20B)

Purpose:

To notify SSI-DA clients who are receiving homemaker or chore services from the Department and who have reached the age of 60 during the current authorization period that they are being transferred to the appropriate Home Care Corporation for services.

Procedures:

The worker shall complete this Client Notification to inform the client of the effective date of the transfer and of the Home Care Corporation to which she or he is being transferred and shall send it at least ten days before the effective date of the transfer. The effective date should be the last day of the authorization period in which the client's 60th birthday occurs.

Department of Public Welfare
Department of Elder Affairs

TRANSFER NOTIFICATION LETTER

IMPORTANTE! ESTA NOTICIA AFECTA SUS DERECHOS Y OBLIGACIONES Y DEBE SER TRADUCIDO IMEDIATAMENTE.

Name: (2)   Date: (1)

Address:

Dear_____(3)____________________,

When you reach the age of 60, you become eligible to receive social services from the Department of Elder Affairs and the Home Care Corporation which serves the city or town in which you live instead of from the Department of Public Welfare. This is because the Department of Public Welfare has agreed to transfer its program of homemaker and chore services for people receiving SSI payments who are 60 or over to the Department of Elder Affairs. When the transfer is completed, only the Department of Elder Affairs will provide homemaker or chore services to SSI clients aged 60 or over.

Therefore, beginning______(4)______197__, you will receive your homemaker or chore services from the Department of Elder Affairs through the Home Care Corporation listed below. You will receive the same amount of service that the Department of Public Welfare provides at least until the Home Care Corporation social worker who is assigned to you reviews your case.

Since the Home Care Corporation will provide the service to you and will pay for it, this transfer in effect terminates the homemaker or chore service program administered by the Department of Public Welfare as it applies to you.

The Department of Public Welfare will only grant a request for an appeal if you think that the transfer has been incorrectly applied to you, for instance, if you are not yet 60 years old.

If you have any questions about this transfer, please call your social worker the local welfare office from which you now receive services. You may also call the intake supervisor at the Home Care Corporation listed below.

Sincerely,

__________(6)____________________
Social Worker
Department of Public Welfare

Home Care Corporation:____(5)________
____

Address:________________________
____

Telephone:______________________

DEA TRANSFER CLIENT NOTIFICATION (SOC-20B)

ITEM	NAME	DEFINITION/INSTRUCTIONS
1.	Date	Enter the date (month, day, year) on which the notification is sent.
2.	Client's Name and Address	Enter the client's full name and current address - street address, town, and zip code.
3.	Client's Name	Enter the client's name
4.	Effective Transfer Date	Enter the effective date of the transfer. Note: This date must be at least ten days following the date on which the notification is sent and should be the last day of the client's current authorization.
5.	Home Care Corporation	Enter the name, address (street address, town, and zip code), and telephone number of the Home Care Corporation to which the client is being transferred. Note: The name of the appropriate Home Care Corporation can be found after the DEA transfer instruction in Special Instructions - Homemaker and Chore Services.
6.	Social Workers Name	Enter the name of the worker who is completing this form.

AUTHORIZATION CONTROL LOG

OFFICE (2) REGION (3) SERVICE (1) ENTRY DATE (4) PAGE # (13)

(5) S.S.#	(6) CLIENT NAME	(7) SERVICE NEED CATEGORY	8) INCOME CLASSIFICATION	(9) IN OR OUT OF HOME	(10) TYPE OF ACTION	(11) $ AMOUNT AUTHORIZED FOR	(12) CUMULATIVE FOR	$ AMOUNT AUTHORIZED FOR	CUMULATIVE FOR	$ AMOUNT AUTHORIZED FOR	CUMULATIVE FOR	$ AMOUNT AUTHORIZED FOR	CUMULATIVE FOR	$ AMOUNT AUTHORIZED FOR	CUMULATIVE FOR

AUTHORIZATION CONTROL LOG PROCEDURES

	HEADING	DEFINITION/INSTRUCTIONS
1	Service	Indicate one of the following: Babysitting. AFDC Homemaker. AFDC Chore. Elderly Homemaker. Elderly Chore. Disabled Homemaker. Disabled Chore. Day Care (non-contracted). A separate sheet is used for each of the services listed above.
2	Office	Enter name of CSA office.
3	Region	Enter name of Region.
4	Entry Date	Write the month and week during which the entries on that page were made. (For example, the first log in August will be labeled August 2-6). Starting in September, it will no longer be necessary to list the week - the name of the month will be adequate.
5	S.S.#	Enter Social Security number appearing on POS-8.
6	Client Name	Enter client's name appearing on POS-8.
7	Service Need Category	Enter appropriate code letter from the following list: Day Care A - Protective reasons. B - Incapacity of caretaker, no other relative in household able to provide care. C - WIN. D - Employment. E - Employment Training. F - Developmental Needs of Child.

	HEADING	DEFINITION/INSTRUCTIONS
	Service Need Category	Babysitting A - Protective reasons. B - Incapacity of caretaker, no other relative in household able to provide care. C - WIN. D - Employment. E - Employment Training. F - Development Needs of Child. Homemaker - Family & Children A - Acute. B - Protective. C - Supportive. D - Maintenance. Chore - Family & Children Disabled & Elderly A - Acute. B - Supportive. C - Maintenance. For a more detailed explanation of the categories of need see the specific service policy.
8	Income Classification	Enter appropriate code letter the following list: C - For current AFDC or SSI recipient. I - For income eligible clients per Title XX eligibility guidelines. W - For without regard to income. For Client Category Log Form this is only appropriate for Protective category.
9	In home / Out of home	(Applicable only to babysitting) Enter the appropriate code denoting whether the service is being delivered in or out of the client's home: I - if babysitting is in client's home. O - if babysitting is in babysitter's home.

	HEADING	DEFINITION/INSTRUCTIONS
10	Type of Action	Select the appropriate code from among the following: N - a new authorization. R - a reauthorization. I - an increase in a current authorization. D - a decrease in a current authorization. C - a closing.
11	$ Amount Authorized for (Month)	These columns contain the dollar amount authorized per month for each service. Whenever service is authorized, a separate entry is made for each month covered by the authorization. When an authorization is changed (increased or decreased), the amount of the change in each month is entered in the "Amount Authorized" column.
12	Cumulative for (Month)	These columns contain running totals of dollar authorizations on a monthly basis. Each amount entered in an "Amount Authorized" column must either be added to or subtracted from the total in the appropriate "Cumulative" column. (Added if amount is a new authorization, a reauthorization, or an increase; subtracted if amount is a decrease or a cancellation). These columns provide up to date figures on each month's spending which can then be compared to the CSA's monthly spending ceiling. As service may be authorized for as long as three to six months, the log will show dollars reserved for several months in the future. At the beginning of each month when a new log is started, the cumulative totals must be carried forward and entered at the top of the appropriate columns. New entries must now be added to the dollar amount authorized for that period in prior months.
13	Page #	The pages for each service are to be numbered consecutively, beginning with page #1 on the first day of each month. Each form provides enough columns for five months of service. This will be

	HEADING	DEFINITION/INSTRUCTIONS
15	Page #	sufficient to cover the entire authorization period for all homemaker and chore services. However, as the authorization period for babysitting cases may span 7 months, additional columns may be needed. Therefore, in the case of babysitting a second sheet is to be used to record the totals for the 6th, 7th, and 8th month of service. This page is to be numbered the same as the page showing the first five months of dollars authorized. However, the word "continued" should be written next to the page #. At the beginning of each month, enter on the log the names of the months for which services can be authorized on that form. The first columns (Amount Authorized, and Cumulative) on the page should be labeled for the month prior to that during which the form is being used. Thus, on a form being filled out in July, the first month listed should be June. This will allow for retroactive authorizations.

COMPUTATION PROCEDURES

The following section provides detailed instructions on how to fill out the computation parts of log forms. Six sample cases are presented, which together cover every possible entry into the system. If these directions are carefully followed, there should be no problems in mastering the use of the forms. (It is recommended when studying these instructions, that the reader keep a log form nearby and refer to it as he or she goes along.)

1. A NEW CASE

J. Smith (a parent with one child) - On July 13, a worker authorizes six months of babysitting at $.55 an hour to be delivered three hours per day for five days a week. The service is scheduled to begin on July 19 and continue until January 19. Because services are not authorized retroactively (for June), the June column is left blank. For the column labeled,"$ Amount Authorized for July", the clerk makes the following computation: Since only ten days of service are authorized for July, the clerk multiplies 10 (days) x 3 (hours) x $.55 for a total of $16.50. $16 (always round off to the dollar) is then entered into the July, "Amount Authorized" column. In the column labeled "$ Amount Authorized for August", the clerk fills in the dollar amount for a full month of service at this rate. This amount is determined by multiplying 22 (days) x 3 (hours) x $.55 for a total of $36.30. $36 is then entered in the "Amount Authorized" column for August. For each of the months September through December, the same is followed: the number of days in the month for which service is authorized is multiplied times 3 hours and by $.55. The monthly totals are then entered into the appropriate "Amount Authorized" column. The same procedure is again followed for the January column bearing in mind, however, that the authorization expires on January 19. Thus, only 13 days are multiplied in for this month.

This case, when entered into the log, will look like this:

	$ Amount Auth'd. for July	Cum. for July	$ Amount Auth'd. for Aug.	Cum. for Aug.	$ Amount Auth'd. for Sept	Cum. for Sept.	$ Amt. Auth'd. for Oct	Cum. for Oct.
J. Smith	$16.00	$16.00	$36.00	$36.00	$36.00	$36.00	$35.00	$35.00

$ Amount Auth'd. for Nov.	Cum. for Nov.	$ Amount Auth'd. for Dec.	Cum. for Dec.	$ Amount Auth'd. for Jan.	Cum. for Dec.
$36.00	$36.00	$38.00	$38.00	$21.00	$21.00

Running Totals - At this point we can take a look at the columns entitled "Cumulative for (month)". These columns are designed to keep track of spending for each month as service for that month are authorized. By maintaining this type of record, the CSA will be aware, at all times, of how rapidly the office is approaching its monthly spending ceiling.

In order to sucessfully keep track of these running totals, the "cumulative" columns have been provided. Whenever a new authorization is made, the amount authorized is added to the previous total in the "cumulative" column. This is done for each month in which services will be delivered. Three babysitting cases authorized for three months would appear on the log as follows:

	$ Amount Auth'd. for June	Cum. for June	$ Amount Auth'd. for July	Cum. for July	$ Amount Auth'd. for Aug.	Cum. for Aug.
F. Park	$10	$10	$15	$15	$15	$15
M. Lynch	15	25	20	35	20	35
G. Motors	18	43	23	58	23	58

2. REAUTHORIZATIONS

J. Smith (a parent with one child) - A reauthorization is treated exactly the same as a new case. On February 1, the worker reauthorizes the J. Smith case for an additional six months at the same rate. Since the first authorization expired on January 19, the worker must authorize retroactive services to that date. Thus, a dollar amount based on eight days of service is entered into the January column (and added to the running total for the month). This amount is determined by multiplying 8 (days) x 3 (hours) x $.55. The same procedure is then followed for each of the remaining months covered by the reauthorization. During this process, care must always be taken to insure that the proper number of service days are computed for each month. Since the reauthorization lasts for six months, an entry should be included through July 19.

3. AN INCREASE

J. Smith (a parent with one child) - This babysitting case was originally authorized for three hours daily from July 19 to January 19. However, on

September 10 the worker increases the service to five hours per day. The dollar amount for the additional hours must be filled in for the period that the hours are to be increased.

To do this, the clerk makes a computation which is similar to that for the original authorization. The difference are, 1.) that only the amount of the increase is recorded on the log and, 2.) that this amount is recorded only for the period from the date of the increase to the date on which the original authorization expires. Therefore, since the increase for J. Smith takes effect on September 10, the entry for September is computed by multiplying 15 (days remaining in the month) x 2 (additional hours of service per day) x $.55. This works out to a total of $16.50. $16 is then entered in the "$ Amount Authorized for September" column and added to the "Cumulative for September" column. The same procedure is followed for each month until the authorization runs out on January 19. With each computation it is important to remember that only the amount of the increase should be recorded at this time. If the authorization is extended for additional months beyond the period of the original authorization, the full amount, not just the amount of the increases, should be listed.

4. A DECREASE

J. Smith (a parent with one child) - If the dollar amount is to be decreased during the period of authorization, the amount of the decrease only should be entered and subtracted from the running total for each month previously authorized. There are three possible changes which could result in decreased spending: reduction in hours, reduction in days, or in cases with more than one child, a reduction in number of children served.

In the case of J. Smith, the original authorization of 5 days per week, 3 hours a day for one child, is being reduced to 3 days per week, 2 hours a day for one child. This change becomes effective on September 10th. In order to record this decrease in the log, the clerk uses the following procedure: Since the decrease takes effect on September 10th, 15 days of that month are affected. Therefore, the clerk first determines what the authorization would have been without the decrease. This works out to 15 (days) x 3 (hours) x $.55 or $24.75. Next, the clerk determines the cost of the authorization under the reduced rate. This works out to 9 (days) x 2 (hours) x $.55 or $9.90. In order to find the amount of the decrease, the clerk then subtracts the total under the reduced rate from the total under the original rate. This computation looks as follows: $24.75 - $9.90 = $14.85. $15, which is the amount of the decrease, is then entered with a negative sign in front of it, onto the "Amount

Authorized" column for September ("-$15). Next, it is subtracted from the running total in the "cumulative" column. This same procedure is followed for every month affected by the decrease. Therefore, in October, the entire computation would look like this:

21 (days) x 3 (hours) x $.55 = $34.65, (original amount authorized for October)

11 (days) x 2 (hours) x $.55 = $14.30, (reduced amount authorized for October)

$34.65 - $14.30 = $20.35, (amount of decrease for October).

"-$20" is then entered under the "Amount Authorized" column for October. $20 is subtracted from the running total in the "cumulative" column for that month

As usual, any period beyond the original authorization is treated exactly as if it were a new authorization. Thus, if a reauthorization is made at the reduced rate, the entry is simply recorded as services regularly authorized under that rate.

5. CLOSING A CASE BEFORE "TO DATE"

J. Smith (a parent with one child) - When a case is closed before the "to date" of the original authorization, the amount of unspent dollars is deducted from the months for which it had been authorized. In the Smith case, the worker decides on September 10th to cancel the authorization because the service is no longer needed. This means that, for September, fifteen days of service previously authorized will not be used. Therefore, the worker multiplies 15 (days) x 3 (hours) x $.55 for a total of $24.75. "-$25" is then entered in the "Amount Authorized" column for September. $25 is subtracted from the running total in the "Cumulative" column for September. For the remaining months of the original authorization, the same procedure is followed. Thus, in October, 21 (days) x 3 (hours) x $.55 or $35.00 is deducted. In January, service was authorized only until the 19th. Consequently, 13 (days) x 3 (hours) x $.55 or $21.00 is deducted.

6. CLOSING ON OR AFTER THE "TO DATE"

When a case is closed on or after the period authorized, no entry is made on the log.

BLOCK 29 - SERVICE JUSTIFICATION

It is important to enter all pertinent information about the action taken on POS-8 in this non-computerized block. This block is for the CSAC office use and records. The type of units (either hours or days) used in Block 16 must be recorded in Block 29.

In addition, this block must contain the service need code as well as the number of days per week and the number of hours per day for which service is authorized. This information is needed in order to maintain the authorization control log.

SIGNATURES

Required are worker's signature (right side) and unit supervisor's signature (left side).

MASSACHUSETTS SOCIAL SERVICES PROCEDURES MANUAL

PROTECTIVE SERVICES PROCEDURES

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INTRODUCTION

The following procedures are issued pursuant to Social Services Policy, Chapter 258 "Protective Services to Children Alleged to be Suffering from Serious Physical or Emotional Injuries." They are to be followed by Regional and Community Service Area personnel in providing protective services to families subject to a Report of Child Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect (CW-3C/51A).

The procedures are divided into six functional areas which represent the progress of a case through the protective services delivery system. The six functions are as follows:

Reporting: It is the responsibility of the Regional Protective Services Office to receive all reports alleging that a child (or children) has been abused or neglected. It is the responsibility of all Department personnel, however, to insure that possible protective services situations are brought to the attention of the Regional Office.

Screening: All reports will be received by Regional Social Workers Assigned to Screening. These social workers will be the Protective Services Program's primary liaison with the general public. Through the screening function initial decisions are made about the necessity of initiating an emergency response, and about the need for protective services assessment.

Emergency Response: The emergency response procedures outline those activities necessary to remove an immediate risk of further harm to the health or safety of a child.

Assessment: These procedures are to be followed in investigating and evaluating reports of abuse or neglect (see Social Services Policy, Chapter 258, Subpart D), and in removing the immediate risk to the child (or children) involved in the report and in stabilizing the family.

Transfer: The purpose of this function is to facilitate the orderly and appropriate movement of case responsibility between regional and CSA social workers assigned to protective services or private agencies.

Ongoing Protective Services: This function involves the provision of casework services and the coordination of other community resources to reach goals that substantially reduce the probability of future risk to the child. Also included in these procedures are the activities necessary for transferring a case to a Generalist caseload once risk has been removed.

All procedures should be used as a companion to Social Services Policy, Chapter 258. Workers are advised to consult this policy frequently in their work, as it delineates the overall responsibilities of the agency and its staff in providing protective services.

FUNCTION: REPORTING

The objective of the reporting function is to facilitate the identification and receipt of all cases of child abuse, neglect, or drug dependency at birth.

MAJOR TASK I: INSURE THAT ANY CASES OF POSSIBLE ABUSE, NEGLECT, OR DRUG DEPENDENCY AT BIRTH THAT COME TO THE ATTENTION OF SOCIAL WORKERS IN THE COMMUNITY SERVICE AREA OFFICES OR WELFARE SERVICE OFFICES ARE REPORTED TO THE APPROPRIATE REGIONAL PROTECTIVE SERVICES SOCIAL WORKERS ASSIGNED TO SCREENING, AND ALSO TO THE DISTRICT ATTORNEY AND MEDICAL EXAMINER OF THE COUNTY IN WHICH THE FAMILY RESIDES WHEN DEATH HAS OCCURRED. THERE ARE THREE DIFFERENT WAYS SUCH SITUATIONS MAY COME TO THE ATTENTION OF CSA OR WSO SOCIAL WORKERS:

A. AN IDENTIFIED REPORTER CONTACTS THE CSA,
B. AN ANONYMOUS REPORTER CONTACTS THE CSA, OR
C. A DEPARTMENT WORKER (SOCIAL SERVICE WORKER OR ASSISTANT PAYMENTS WORKER) HAS DIRECT KNOWLEDGE OF A SITUATION.

A. Identified Reporters Contacting Local Offices

(Mandated or Non-Mandated)

IRF Social Worker:

1. Receive reports from identified reporters (mandated or non-mandated).

   1.1 Determine if the individual is filing a report.

   Criteria for Determining if a Report is Being Filed

   Often individuals will not initiate a contact with the Department by stating directly that they wish to "report a case of child abuse or neglect". The central responsibility of the IRF worker will be to determine what the communicator alleges to be the situation in terms of the children involved. The individual should be encouraged to file a report if he/she has reasonable cause to believe a child, under 18 years of age, is suffering from a serious physical or emotional injury resulting from abuse inflicted upon a child, including sexual abuse; or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependence of a child upon an addictive drug at birth; or emotional injury resulting from the threat of physical harm.

1.2 Record sufficient information to allow the reporter to be contacted and to complete a CW-3c/51A.
1.3 Inform the reporter that a regional social worker will contact him/her shortly, if the report is oral.
1.4 If reporter indicates that he/she will not speak to or will be unable to be contacted by regional social worker, follow procedures for Anonymous Reporter Contacting Local Office. (Reporting, I-B, 1.5-1.9).
1.5 Inform the reporter of what he/she can expect

 1.5.1 The regional social worker will request a more extensive oral report.
 1.5.2 The reporter's name will not be disclosed to the family if he/she so wishes unless ordered by the court, but the client can be helped more readily if the reporter informs the family of his/her actions.
 1.5.3 The reporter will be requested to submit a written Report of a Child Alleged to be Suffering from Serious Physical or Emotional Injury (CW-3c/51A) to the Regional Protective Services Office within 48 hours.

1.6 Determine if the family is known to the CSA (social service or assistance payments).
1.7 Contact the appropriate Regional Protective Services Office, by telephone within one hour and provide the regional social worker assigned to screening with the name, address and telephone number of the reporter, and whether the family is known to the CSA.

1.8 Submit Report of a Child Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect (CW-3c/51A) to Regional Protective Services Office to which referral was made.

 1.8.1 If the report was in writing, forward the communication.
 1.8.2 If the report was oral, note at the signature the name of reporter, then sign and indicate CSA office.

1.9 Give copy of CW-3c/51A to Assistant CSA Director to be filed.
1.10 Follow IRF procedures for those cases not referred for protective screening. (see p.I-1—10).

Regional Social Worker Assigned to Screening:

2. Follow-up on referral from local office IRF worker for identified reporters:

 2.1 Receive name, address, and telephone number of the reporter from the local office IRF social worker.
 2.2 Telephone reporter immediately to obtain oral report.
 2.3 Follow screening procedures for oral reports (Screening, II-B, p.59).
 2.4 Respond to the 51A submitted by the referring IRF worker within one day of contacting reporter, by sending the IRF worker an Acknowledgement Letter (CW-503).

B. Anonymous Reporter Contacting Local Offices

IRF Social Worker:

1. Receive reports from anonymous reporters

    1.1 Determine if the individual wishes to file a report (Use Identified Reporter Criteria for Determining if a Report is Being Filed, p.I-51).
    1.2 Encourage hesitant communicators to file a report and provide their names if they are concerned about the health or safety of a child.
    1.3 Provide information on the safeguards and liabilities that apply to a reporter.
    1.4 Inform reporter that his/her name will not be disclosed to the family if he/she so wishes unless ordered by the court.
    1.5 If the reporter still wishes to remain anonymous, obtain from the reporter information sufficient to complete a Report of a Child Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect (CW-3C) to the best of that reporter's knowledge.
        1.5.1 Note in the reporter block that the reporter refused to identify him/herself.
        1.5.2 Note at the signature that report was anonymous, and then sign.
    1.6 Contact the Regional Protective Services social worker assigned to screening by telephone within one hour and provide him/her with the information supplied by the reporter.
    1.7 Submit the written CW-3C/51A to the Regional Protective Services Office by next courier service, but no longer than 48 hours after oral report has been made.
    1.8 Give copy of CW-3C/51A to Assistant CSA Director to be filed.
    1.9 If death has occurred due to abuse or neglect, notify by telephone and in writing the district attorney for the county in which the death occurred and the medical examiner for the district in which the body lies.

Regional Social Worker Assigned to Screening:

2. Follow-up on referral from local office IRF worker:

    2.1 Receive telephoned information from local office IRF worker.
    2.2 Follow screening procedures for oral report (Screening, Major Task II-, p.59).
    2.3 Respond to 51A submitted by the referring IRF worker by sending the IRF worker an Acknowledgement Letter.

C. Department Worker Has Direct Knowledge of a Reportable Condition

Social Service Worker

1. Determine if possible protective services situation exists. (See Social Services Policy, Sections 258.06, 258.07, 258.09, 258.11.)
   1.1 Inform family of action to be taken.

2. Contact by telephone the Regional Protective Services Office and provide to the regional social worker who is assigned to screening the information on the family and the situation which is causing concern.

3. Submit a Report of a Child Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect (CW-3C/51A) by next courier service, but no longer than 48 hours after oral report has been made.

4. Give copy of CW-3C/51A to Assistant CSA Director to be filed.

5. If death has occurred due to abuse or neglect, notify by telephone and in writing the district attorney for the county in which the death occurred and the medical examiner for the district in which the body lies.

Regional Social Worker Assigned to Screening:

6. Receive oral report from local office social worker.

   6.1 Follow screening procedures for oral report (Screening, II-B, p.I-59).

D. Any Reporter Contacting Regional Protective Services Office

Regional Social Worker Assigned to Screening:

1. Accept the report.

2. Follow procedures for Screening (see p.I-55 and following).

FUNCTION: SCREENING

The screening function is performed by an identified regional social worker, who completes its objectives by interviews with reporters and collateral sources of information. The objectives of the function are to:

1. determine if a family should be referred for assessment as a protective services case;
2. determine if the danger to a child requires an immediate, emergency response; and
3. provide consultation to reporters to facilitate reporting as workload permits.

MAJOR TASK I: RECEIVE ALL COMMUNICATIONS CONCERNING THE DEPARTMENT'S PROTECTIVE SERVICES PROGRAM.

Regional Social Worker Assigned to Screening:

1. Receive communications concerning the Department's Protective Services Program.

    1.1 Answer inquires about the program.
    1.2 Refer communicator to more appropriate sources of information when necessary.
    1.3 Encourage hesitant communicators to file a report if they are concerned about the health or safety of a child.
    1.4 Provide information on the safeguards and liabilities that apply to a reporter.
    1.5 Inform communicator of the reporting process.
    1.6 Act as liaison to facilitate reports from potential reporters as workload permits.

MAJOR TASK II: RECEIVE REPORTS ALLEGING CHILD ABUSE, NEGLECT, OR DRUG DEPENDENCY AT BIRTH, AND INTERVIEW THE REPORTER CONCERNING THE ALLEGED SITUATION/OCCURENCE AND ITS EFFECT ON THE CHILD UPON WHICH DECISIONS CONCERNING THE WELFARE OF THE CHILD CAN BE MADE. REPORTS MAY INITIALLY COME TO THE ATTENTION OF THE REGIONAL PROTECTIVE SERVICES OFFICE A) IN WRITING, OR B) ORALLY.

A. Written Initial Report

Regional Social Worker Assigned to Screening:

1. Receive completed Report of Child Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect (CW-3C/51A) or other written communications alleging that a child has been abused, neglected, or is drug addicted at birth.

    1.1 Review allegations contained in the communication.
    1.2 Determine what further information is needed from reporter to determine if assessment is required.
    1.3 Contact reporter by telephone, if at all possible.
    1.4 Interview reporter to obtain any information available to him/her that is necessary to determine the nature of the report.
    1.5 Record information provided by the reporter on the Report and Screening Worksheet (CW-3b)
    1.6 If the reporter alleges that a death has occurred due to abuse or neglect

        1.6.1 determine if there are other children in the family who may be suffering from abuse or neglect; and
        1.6.2 inform the reporter that he/she must notify the district attorney for the county in which the death occurred, and the medical examiner for the district in which the body lies; and
        1.6.3 inform the district attorney for the county in which the death occurred and the medical examiner for the district in which the body lies.

    1.7 Encourage the reporter to inform the family about the report.
    1.8 Inform the reporter that his/her name will not be disclosed to the family if he/she so wishes unless ordered by the court, but that the client can be helped more readily if the reporter informs the family of his/her actions.
    1.9 Inform the reporter that the information provided in the report may be used as evidence in a subsequent court hearing.

2. Determine if the case is known within the Department or to other protective service agencies.

2.1 Request such information from the reporter.
2.2 Review regional services and assistance payments master files and records.
2.3 Contact by telephone the Community Service Area Office or Welfare Service Office serving the area.
2.4 Contact private agencies under contract for the provision of protective services.

3. If the family is being serviced in an ongoing services caseload (protective or non-protective) by a social service worker, contact that social worker's Supervisor.

3.1 Inform the Supervisor that a report has been received.
3.2 Determine what the worker knows about the reported situation.
3.3 Determine what the relationship is to the family.
3.4 Request information concerning the family and the reported child(ren) which is necessary to decide if the case should be referred for emergency response or protective services assessment.

4. If the family is being served by a private agency under contract for providing protective services, contact the Director of that agency.

4.1 Inform the Director that a report has been received.
4.2 Determine what the worker knows about the reported situation.
4.3 Determine what the worker's relationship is to the family.
4.4 Request information concerning the family and the reported child(ren) which is necessary to decide if the case should be referred for emergency response or protective services assessment.

5. Determine if further information is required from collateral sources of information.

Criteria For Contacting Collateral Sources of Information

Such contacts should not be routinely made, but should be sought only if the reporter's information and information available from within the Department is not sufficient to determine if an emergency exists, or if a case should be assessed.

5.1 Contact by telephone collateral resources concerning their knowledge of the case.

5.2 Inform resources that the information gathered will be held strictly confidential unless disclosure is ordered by the court.
5.3 Record information gathered on additional Blue Sheets attached to the Report and Screening Worksheet (CW-3B)

6. Insure report is recorded on Protective Services Logging Form.

B. Oral Initial Report

Regional Social Worker Assigned to Screening:

1. Receive oral reports alleging that a child has been abused, neglected, or is a drug dependent infant.

    1.1 Interview reporter to obtain relevant information concerning the case.
    1.2 Record the information provided by the reporter on the Report and Screening Worksheet (CW3B)
    1.3 If the reporter alleges that a death has occurred due to abuse or neglect
        1.3.1 determine if there are other children in the family who may be suffering from abuse or neglect; and
        1.3.2 inform the reporter that he/she must notify the district attorney for the county in which the death occurred, and the medical examiner for the district in which the body lies; and
        1.3.3 inform the district attorney for the county in which the death occurred and the medical examiner for the district in which the body lies.
    1.4 Encourage the reporter to inform the family about the report.
    1.5 Inform the reporter that his/her name will not be disclosed to the family if he/she so wishes unless ordered by the court, but that the client can be helped more readily if the reporter informs the family of his/her actions.
    1.6 Inform the reporter that the information provided in the report may be used as evidence in a subsequent court hearing.
    1.7 Encourage reporter to submit a written Report of a Child Alleged to be Suffering from Serious Physical or Emotional Injury (CW-3C/51A) to the regional protective services office within 48 hours. (This may require sending the reporter this form.)
        1.7.1 Inform the mandated reporter that he/she is required by law to submit the written Report (CW-3C/51A).
        1.7.2 Inform the non-mandated reporter that he/she should submit the written Report (CW-3C/51A).

2. Follow procedures for written report from steps 2-6 p.I-56--7.

MAJOR TASK III: INITIATE THE EMERGENCY RESPONSE FUNCTION IF IMMEDIATE INTERVENTION IS NECESSARY TO ALLEVIATE CONDITIONS WHICH POSE AN IMMEDIATE DANGER TO THE HEALTH OR SAFETY OF A CHILD.

Regional Social Worker Assigned to Screening:

1. Determine within one hour of receiving a report if a family situation requires immediate intervention.

    1.1 Review the information provided by the reporter and necessary collateral contacts to determine the nature and severity of the reported situation.

1.2 Develop within one hour of receiving a report, a recommendation concerning the need for an emergency response.

Criteria For Initiating Emergency Response

The recommendation that an emergency response should be initiated shall rest on the determination that, if the facts alleged in the report are true, the situation presents an immediate danger to the health or safety of a child or children under 18.

1.3 Note under "Social Workers Recommendation" on the Report and Screening Worksheet (CW-3B) that the safety of the child requires an emergency response.
1.4 Give collected case materials to the Supervisor for the Screening Function.

Supervisor for the Screening Function:

2. Review recommendation of Social Worker Assigned to Screening.

2.1 Determine if emergency response appears necessary.
2.2 Note supervisory recommendation on the Report and Screening Worksheet (CW-3B)
2.3 Follow Emergency Response Procedures. (p.I-64—66).

MAJOR TASK IV: DETERMINE, WITHIN ONE WORKING DAY OF RECEIVING A REPORT, WHETHER THE CASE SHOULD BE REFERRED TO PROTECTIVE SERVICES ASSESSMENT.

Regional Social Worker Assigned to Screening:

1. Review information provided by the reporter or necessary sources of collateral information.

1.1 Insure that information from these sources is properly recorded on the Report and Screening Worksheet (CW-3B).

2. Develop within one working day of receiving a report, a recommendation about whether or not a case requires regional protective services assessment.

Criteria For Determing if Assessment Required

The screening decision should be based on whether or not the allegations of the report represent a reportable condition. The focus of the decision-making process should be on the effect of the reported situation on the child(ren) in the family. The case should be referred for assessment if the report indicates that a child (or children) under 18 years of age is suffering from a serious physical or emotional injury resulting from abuse inflicted upon a child, including sexual abuse;

or a serious physical or emotional injury resulting from neglect, including malnutrition; or physical dependence of a child upon an addictive drug at birth; or emotional injury resulting from the threat of physical harm.

If there is a question about whether the individual's allegations constitute a reportable condition, the case should be referred for assessment.

2.1 Note recommendation on the Report and Screening Worksheet. (CW-3B)
2.2 Insure that a case record is begun for all cases in which the recommendation is to assess (i.e., insure that a case folder is set up) and include all forms already completed by the social worker, all other relevant case material, and attach a Family Card (CW-1).
2.3 Give case to Supervisor of Screening once recommendation is made.

MAJOR TASK V: MAKE APPROPRIATE DISPOSITION ON A CASE. THIS DISPOSITION HAS THREE POSSIBLE OUTCOMES:

1. **THE REPORT MAY BE REGIONALLY ASSESSED;**

2. **REGIONAL ASSESSMENT MAY BE WAIVED, AND ASSESSMENT OF THE REPORT CONTINUED BY A CSA SOCIAL SERVICES WORKER OR PRIVATE AGENCY SOCIAL WORKER; OR**

3. **INAPPROPRIATE REPORTS WILL NOT BE REFERRED FOR ASSESSMENT, BUT MAY BE REFERRED FOR CONTINUED SERVICES OR THE INITIATION OF APPROPRIATE SERVICES.**

Supervisor of Screening:

1. Review recommendations of the Social Worker assigned to screening.

2. Determine if regional assessment should be waived for cases already in the caseload of a CSA social services worker or a private agency social worker.

   2.1 Confer with the Assistant CSA Director for Social Services or the appropriate private agency director to discuss the situation in the case.
   2.2 Determine if the case should be reassigned for regional assessment or should remain in the caseload of the social worker already active with the family.

   Criteria for Determining Case Assignment of Active Cases

   The decision concerning the assignment of currently active cases should be based upon
   - the level of risk to the child that the report represents;
   - the appropriateness and efficacy of the services being provided or planned by the ongoing social worker; and
   - the ability of the ongoing social worker to provide services to the family.

3. Call an intake conference at the end of each working day. This conference shall include all social workers assigned to screening, the Supervisor (s) of Screening, and the Supervisor (s) of Assessment.

   3.1 Discuss all cases screened during the working day.
   3.2 Approve or disapprove the recommendations of the social worker assigned to screening.
   3.3 Assign case appropriately.

   3.4 Insure Outcome Section of CW-3B is completed (See CIS Users Manual)

A. Assignment for Regional Assessment

4. Determine if case should be assessed by a regional social worker assigned to assessment or by a private agency.

   Criteria for Referral to Private Agencies

   The following should be considered in determining if the case should be referred to a private agency:
   - the needs of the family, and the particular resources provided by agencies;
   - the availability of room in Department Social Workers' caseloads;
   - the availability of contracted resources

5. Contact by telephone private agency directors to whom cases will be referred.

   5.1 Inform director of decision to refer.
   5.2 Inform Protective Services Manager of all refusals of referrals.
   5.3 Refer the CW-3b and CW-3c to the appropriate private agency by mail, via a Referral for Services (SOC-9).
   5.4 Insure that a response to the SOC-9 is received within 2 weeks of the referral.
   5.5 Contact the agency by telephone 2 weeks after the referral is made to determine what services are being rendered to the family.
   5.6 Inform the Protective Services Manager if the private agency has not been active on the case within 2 weeks after a referral is made.

6. Assign cases to be assessed by a regional social worker assigned to assessment to the Supervisor (s) of Assessment. (Disagreements concerning case assignment should be referred to the Direct Services Supervisor. The Regional Manager (or his/her designee) may be called upon for a final decision on such issues).

   6.1 Provide Supervisor (s) for Assessment with a case record, if this is completed or at least copies of the CW3b until a case record is prepared.

7. Insure that the case record on cases being assessed internally is in order, and that proper logging is done.

7.1 Instruct clerk to set-up a case record for all cases internally assigned for assessment that have not yet been set-up. This shall include
  a. a numbered case folder,
  b. the original Report and Screening Worksheet (CW-3B)
  c. the written Report of a Child Alleged to be Suffering from Serious Physical or Emotional Harm by Abuse or Neglect (CW-3C/51A) if available.

7.2 Enter disposition on the Reported information Worksheet (CW-3B)

7.3 Have disposition noted on the Protective Services Log.

8. Notify Assistant CSA Director or private agency director by telephone and in writing of those cases active in his/her office, that are to be retained for regional assessment.

Regional Social Worker Assigned to Screening:

9. Complete work on cases screened.

9.1 Send Aknowledgement Letter (CW-503) to all reporters who have provided their names and addresses.

9.2 Call mandated reporters to solicit their help in continued monitoring or support of the family.

9.3 Place copy of Acknowledgement Letter and record of contact with mandated reporter with case record.

B. Reassignment of Active Cases to CSA or Private Agency

Supervisor of Screening:

4. Notify Assistant CSA Director for Social Services or private agency director by telephone within one day after receiving a report on an active case if case responsibility is to remain with the ongoing social worker.

5. Follow Transfer procedures, Stage I (p.I-74—6) for cases to be returned to a CSA social services worker.

6. Refer all case materials gathered during Screening to private agencies maintaining case responsibility, with a written notice that the case is being returned for assessment.

C. Closing Inappropriate Reports

Supervisor of Screening:

4. Discontinue investigation of those reports which are inappropriate.

5. Notify by telephone Assistant CSA Directors or private agency directors of offices already active with a case that a report has been screened as inappropriate.

6. Retain screening materials for 6 months in a "No Reasonable Cause" file.

Regional Social Worker Assigned to Screening:

7. Complete work on cases screened.

   7.1 Send Acknowledgement Letter (CW-503).
   7.2 Call mandated reporters if family should be referred to other services, or to solicit their help in continued monitoring or support of the family.
   7.3 Place copy of Acknowledgement Letter and record of contact with mandated reporter with case record in "No Reasonable Cause" file.

FUNCTION: EMERGENCY RESPONSE

Emergency response is a function normally done by a regional social worker assigned to assessment, but which may under certain conditions be carried out by a social worker assigned to ongoing services for protective cases in the CSA or to a regional social worker assigned to screening. The response must be initiated and the family visited within 0-4 hours after a report has been received, and includes the provision of immediate services to a family.

The objective is to:

1. alleviate conditions which pose immediate danger to the health or safety of a child.

MAJOR TASK I: INITIATE RESPONSE TO A CRISIS IN A FAMILY.

Supervisor for Screening:

1. Determine what functional unit within the protective services program can respond to the emergency within 0-4 hours.

   Criteria for Determining Who Should Respond to Emergency

   The following three alternatives are in the order of assignment as they are listed:

   a. If a timely regional response is possible and a social worker assigned to assessment is available, an emergency response should be made by a regional social worker assigned to assessment.
   b. If a timely regional response is possible but there is not a social worker assigned to assessment available, an emergency response should be made by a regional social worker assigned to screening.
   c. If a timely regional response is not possible, an emergency response should be made by a CSA social worker assigned to protective services, or by a private agency servicng the area in which the family is located.

2. If alternatives (a) or (c) are chosen, refer case to the Supervisor for the Assessment Function, or to the appropriate Supervisor for Ongoing Protective Services or to a private agency with which the Department has an emergency response agreement.

3. If alternative (b) is chosen, immediately assign case to worker for response.

Supervisor for Assessment (or Assistant CSA Director or Supervisor for Screening as necessary):

4. Immediately assign case to a worker for response.

MAJOR TASK II: RESPOND TO EMERGENCY.

Social Worker Assigned to Emergency Response:

1. Immediately visit the home.

   1.1 Contact police, if assistance is required.
   1.2 Determine what actual situation is and what services are necessary.
   1.3 Contact worker's supervisor, if possible, to inform him/her of what actions are planned.
   1.4 Attempt to secure cooperation in getting child to medical care if required.
   1.5 Initiate emergency services to keep family intact. (Follow Generalist procedures p. I-17--19).
   1.6 Remove the child from the home only as specified by the following

   Criteria for Placing a Child

   Removal of a child from his/her home should only be considered if the social worker has reasonable cause to believe that the child is in immediate danger of abuse or neglect, and there is no reasonable alternative to separation of the child from his/her home. Taking a child into custody should only be undertaken in strict conformity with the requirements of Social Services Policy, Sections 258.42, 258.62-.63, and 258.70-.74.

      1.6.1 Follow Generalist procedures for placement of a child (pp.I- —).
      1.6.2 Bring child to a medical facility immediately upon removal from his/her home for a medical examination.
      1.6.3 File a Care and Protection petition on the next court day if immediate removal of a child without parental consent has been necessary (see Social Services Policy Section 258.63).

2. Consider the emergency subsided only when the child is adequately protected.

3. Record what has taken place.

CSA Social Worker Assigned to Emergency Response:

4. Telephone Supervisor of Assessment to relay family situation and actions taken.

    4.1 Make recommendation of whether case requires protective services assessment.
    4.2 Send regional office a copy of the Response Report via an Information and Referral Form (SOC-7).
    4.3 Refer case back to regional office.

FUNCTION: ASSESSMENT

The assessment function is performed by an identified regional social worker who is involved with a family for 0-45 days. The objectives of this function are

1. to determine if the situation within the family requires ongoing protective services

2. to stabilize the situation in the family to the extent that the immediate risk of further harm to the child(children) is resolved; and

3. to make an initial determination of the needs and strengths of a family that can be used for a basic service plan.

The following procedures will be completed to a greater or lesser degree depending upon the stage in the intake process at which the case is transferred for ongoing protective services (see Transfer procedures p. I-73—78).

MAJOR TASK I: RECEIVE CASES FROM THE SUPERVISOR OF SCREENING, AND ASSIGN FOR ASSESSMENT WITHIN ONE WORKING DAY.

Supervisor of Assessment:

1. Receive case from Supervisor of Screening at the daily intake conference.

2. Within one working day of receiving a case assign it to a social worker assigned to assessments.

MAJOR TASK II: MAKE HOME VISIT TO THE FAMILY. THIS MAY BE ACCOMPLISHED THROUGH A) THE VOLUNTARY CONSENT OF THE FAMILY; OR B) THROUGH COURT ORDER. (UNDER NO CIRCUMSTANCES SHOULD A WORKER ENTER A HOME TO WHICH ACCESS IS DENIED BY THE FAMILY UNLESS COURT APPROVAL HAS BEEN SECURED.)

Regional Social Worker Assigned to Assessment:

1. Notify family that a report has been received immediately upon receiving a case.

1.1 Send family a Notification Letter (CW-502) in advance if at all possible, and retain copy in file, or
Contact family by telephone to inform them that a report has been received and that a home visit will be made. Record this contact on the Blue Sheet.

A. Family Consents to Worker Access

2. Visit the family at home within 0-3 days of receiving the case.
   - 2.1 Deliver to the family and Explanation Letter (CW-502A) and, if a Notification Letter (CW-502) has not been sent previously, a copy of this letter.
   - 2.2 Explain what the family's rights and responsibilities are, and what they can expect to happen.
   - 2.3 Inform the family of the identity of the reporter, unless this individual has asked that his/her name not be disclosed.
   - 2.4 Observe the reported child(ren) to determine if the allegations of the report are true.
   - 2.5 Make arrangements immediately to see any child (or children) involved in the report who is/are not at home.
   - 2.6 Observe or make arrangements immediately to see any other children living in the family.
   - 2.7 Make determination as a prudent lay person if a medical examination is necessary and if required, obtain the family's cooperation in obtaining such help.
   - 2.8 Inform the family of the time of next visit, and provide regional protective services office telephone number.
   - 2.9 Record information gathered and results of first visit on Blue Sheets.

B. Family Refuses to Allow Access

2. Inform family that a Care and Protection Petition may be filed if family continues to deny access. (Note: Social Services Policy Manual, Part 258.60 Subpart F, Page 1.)

3. If a Care and Protection Petition is filed in the District or Juvenile Court.

   - 3.1 Follow the instructions of the Court in proceeding on the case.
   - 3.2 Continue contacts with the family (except where other instructions are given by the Court) until first full hearing on the case.
   - 3.3 Follow Care and Protection transfer procedures. (pp. I-73 and I-78).

MAJOR TASK III: BEGIN SERVICES TO RESOLVE THE IMMEDIATE RISK OF FUTURE HARM TO TO THE CHILD(REN). (SEE CRITERIA FOR PROTECTIVE SERVICES, p. I-70)

Regional Social Worker Assigned to Assessment:

1. Determine what immediate services are necessary to resolve the immediate risk of further harm to the child, exploring all reasonable alternatives to placement.
    - 1.1 Complete a Social Services Plan (SOC-5) for Assessment and any other appropriate initial services.
    - 1.2 Follow IRF procedures for referring families to contracted agencies
        - 1.2.1 Note on SOC-5 when contracted agencies cannot or will not accept the referral.
    - 1.3 Follow office procedures for referring the case to other public agencies (IRF Procedures, p.I-11).
        - 1.3.1 Note on SOC-5 when public agencies cannot or will not accept the referral
    - 1.4 Follow IRF procedures for referral to Assistance Payments (IRF, p.I-10).
    - 1.5 Follow-up on all referrals to insure family is receiving and accepting services.

2. Arrange for placement if necessary.
Criteria for Placement

Removal of a child from his/her home should only be considered if the social worker has reasonable cause to believe that the child is in immediate danger of abuse or neglect, and there is no reasonable alternative to separation of the child from his/her home. Taking a child into custody should only be undertaken in strict conformity with the requirements of Social Services Policy, Sections 258.42, 258.62-.63, and 258.70-.74.

- 2.1 Discuss removal of the child with the Supervisor if at all possible.
- 2.2 Follow Generalist procedures for taking a child into care if the parent or guardian gives voluntary consent to placement (p. I-18--19)
- 2.3 Bring child to a medical facility immediately upon removal from his/her home for a medical examination.
- 2.4 File a Care and Protection Petition for removal of a child for whom voluntary placement cannot be secured (by the next court session after removal if emergency placement is necessary).
    - 2.4.1 Continue contacts with the family, unless otherwise instructed by the court, until the first full hearing.
    - 2.4.2 Follow Care and Protection Transfer procedures.

MAJOR TASK IV: ASSESS THE NEEDS OF THE FAMILY

Regional Social Worker Assigned to Assessment:

1. Continue contacts with family until the presenting situation has stabilized, and an initial evaluation completed.
    - 1.1 Gather with the family sufficient information from which initial case decision can be made.

1.2 Record information on the Blue Sheet in the case record.

2. Contact collateral sources if determined necessary to obtain sufficient information upon which to make case decision.

   2.1 Inform the family that such contacts will be made.
   2.2 Obtain their consent to make such contacts in writing, if possible.
   2.3 Note information received from these sources on the Blue Sheet.

3. Determine, within 30 days, whether the case can be assessed within 45 days.

   3.1 Request extension from Supervisor of Assessment if necessary.

Supervisor of Assessment:

4. Review request for extension and approve or disapprove.

   4.1 Obtain Direct Services Supervisor's approval for extensions.

Regional Social Worker Assigned to Assessment:

5. Develop, within 0-45 days of receiving a case (unless an extension is granted) a recommendation on whether a case requires ongoing protective services.

Criteria for Determining if Protective Services are Required

A child is in need of protective services when
A. the child has received a physical injury or an emotional injury by other than accidental means which causes or creates a substantial risk of death or protracted impairment or physical or emotional loss or impairment of the function of any bodily organ, or
B. the child has been the victim of a sex offense as defined in the criminal laws of Massachusetts, or
C. the caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering by failing to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities, such as
   a. adequate food, clothing, shelter, or education, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or
   b. proper supervision or guardianship.
D. the child is found to be drug dependent or addicted at birth.

   5.1 Note recommendation on Blue Sheet
   5.2 Review recommendation with Supervisor of Assessment

6. **Make a preliminary diagnosis of the problems faced by the family and an initial case plan. (see p. I-77—78 for required level of diagnosis).**

   6.1 **Note preliminary diagnosis on Blue Sheets.**
   6.2 **Review diagnosis with Supervisor of Assessment.**

7. Complete pertinent sections of Child Assessment Summary Sheet (SOC 101)

Supervisor of Assessment:

8. Review recommendation of social worker assigned to assessment, p.I-77--78.

   8.1 Insure case is up-to-date and in order as appropriate to the assessment stage at which the case is transferred (see Transfer procedures).
   8.2 Approve or disapprove recommendations.
   8.3 Note disposition on Protective Services Log.
   8.4 During supervisory case conference, transfer information from SOC 101 to Protective Services Supervisory Log (SOC 102P). (See CIS User's Manual.)

MAJOR TASK V: TAKE APPROPRIATE ACTION ON THE CASE BASED ON THE RESULTS OF THE 0-45 DAY ASSESSMENT. THE ACTION TAKEN WILL BE BASED UPON WHETHER THE DECISION HAS BEEN A) THAT THE FAMILY DOES NOT REQUIRE PROTECTIVE SERVICES, OR B) THE FAMILY DOES REQUIRE PROTECTIVE SERVICES.

A. Family Not Requiring Protective Services

Social Worker Assigned to Assessment:

1. **Determine if other services are needed and acceptable to the family.**

   1.1 **If no, close case, or**
   If yes, refer family to IRF unit of appropriate CSA via an Informational or Communication Form (SOC-7)
   1.2 Complete an Assessment Summary of Children Not in Need of Ongoing Departmental Protective Services (SOC 101P). (See CIS User's Manual)
   1.3 **Close out regional file.**
   1.4 **Inform family of results of investigation via a Notification Letter (CW-6A,2)**

B. Family Requiring Protective Services

Supervisor of Assessment:

1. **Determine if the family is to receive protective services from a CSA social worker assigned to ongoing protective services, or from a private agency.**

Criteria for Referral to Private Agency

Cases should be referred to private agencies based on
a. the needs of the family and the resources of the agency
b. the availability of Department social workers assigned to ongoing protective services, and
c. the availability of contracted resources.

A. Case to go to CSA.

1.1 Follow appropriate transfer procedures. (pp. I-74 and I-76--78).

1.2 Record on Protective Services Supervisory Log (SOC 102P). (See CIS User's Manual)

B. Case to private agency.

1.1 Determine what agency is appropriate and available to take the case.
1.2 Follow IRP procedures for referring a case to a private agency (p.I-10).
1.3 Notify the Protective Services Manager of any cases refused by private agencies under contract to the Department.
1.4 Insure Completion of the Assessment Summary of Children Not in Need of Ongoing Departmental Protective Services (SOC 101P). (See CIS User's Manual)

FUNCTION: CASE TRANSFER

Case transfer is that function through which cases are referred for ongoing protective services from the regional protective services office to identified social workers in a CSA. This transfer can take place at one of three different stages in the intake process:

Stage I: The situations that meet the criteria for early transfer that will be referred for ongoing protective services within one day after regional receipt and screening of a report are the following:

1. Those cases already in the caseload of a CSA social worker (Ongoing Protective Services or Generalist) being returned for continued services;
2. Those in which the Court has ordered the Department to assume custody for a child and a regional social worker has not filed the Case and Protection petition.
NOTE: If the Department has been ordered to conduct the C&P investigation, this investigation will still be conducted by a regional social worker assigned to assessment; and
3. Those which have been referred from a hospital trauma team or other private agency with an initial written diagnostic study and treatment plan already completed.

Stage II: The criterion for transfer of case responsibility for ongoing protective services after an assessment period of one-thirty days will be that within the 1-30 day period the social worker assigned to assessment has been able to

1. determine that a child (or children) is suffering from abuse or neglect; and
2. remove the immediate risk to the child; and
3. stabilize the family.

Stage III: The criterion for transfer of case responsibility for ongoing protective services after an assessment period of 30-45 days is that the social worker assigned to assessment requires this amount of time to determine if there is reasonable cause to believe that a child is suffering due to abuse or neglect.

An extension beyond 45 days may be granted upon supervisory approval if the social worker assigned to assessment is unable to reach a determination whether there is reasonable cause to believe that a child is suffering due to abuse or neglect or has filed a Care and Protection petition.
Note: Extensions beyond 45 days may also be granted for completion of C&P court investigations. Transfer of service responsibility should be completed, however, upon a temporary or permanent court decision.

1. Cases Transferred at Stage I

MAJOR TASK I: DETERMINE IF A PROTECTIVE SERVICES CASE SHOULD BE TRANSFERRED TO A CSA FOR SERVICES WITHIN ONE DAY AFTER A REPORT HAS BEEN RECEIVED.

Supervisor for the Screening Function:

1. Determine if a protective services case meets the criteria for a Stage I transfer.

   Criteria for Stage I Transfer

   The following three types of cases can be considered for immediate referral for ongoing services:

   a. cases in an ongoing CSA caseload (Generalist or Ongoing Protective Services) that will remain in the CSA for ongoing protective services (see Screening, VA, Step 1 and Criteria)
   b. cases referred from the Courts for assumption of custody for a child (or children) not including those in which a social worker assigned to assessment has brought the care and protection petition: and
   c. cases referred from hospital trauma teams or other private agencies for which an initial diagnosis and treatment plan have been completed and are available in writing.

MAJOR TASK II: TRANSFER CASES FOR ONGOING PROTECTIVE SERVICES IN THE CSA WITHIN ONE DAY OF RECEIVING A REPORT. THESE CASES MAY BE REFERRED EITHER TO A. A SOCIAL WORKER ASSIGNED TO ON-GOING PROTECTIVE SERVICES, OR TO B. A GENERALIST SOCIAL WORKER FOR CONTINUATION IN HIS/HER CASELOAD.

A. Ongoing Protective Services

Supervisor for the Screening Function:

1. Contact the appropriate Assistant CSA Director for Social Services within one day after receiving the case materials from the Social Worker Assigned to Screening.

   1.1 Inform the Assistant CSA Director for Social Services by telephone that the report (or court decision) has been received, and that the case is ready for immediate transfer to that office.
   1.2 Review with the Assistant CSA Director for Social Services the information currently available on the case.
   1.3 Insure that a case record is set up containing all case materials completed or received by the screener, except when a case record already exists in the CSA.

1.4 Forward by inter-office mail the case materials, along with SOC-7.
1.5 Retain a copy of the SOC-7.

Supervisor for Ongoing Protective Services:

2. Assign case to a Social Worker Assigned to Ongoing Protective Services within one day of telephone contact with the Supervisor for the Screening Function.

   2.1 Review with Social Worker Assigned to Ongoing Protective Services the information provided by the Supervisor of the Screening Function.

Social Worker Assigned to Ongoing Protective Services:

3. Make initial home visit with the family within 0-4 days.

   3.1 Follow relevant assessment procedures. (Assess., III & IV, pp.I-68—70).
   3.2 Follow ongoing protective services procedures. (OPS, II-V, pp.I-79—83).

4. Return SOC-7 noting the assumption or resumption of case responsibility.

B. Continuation of Case Responsibility in a Generalist Caseload

Supervisor for the Screening Function:

1. Contact the appropriate Assistant CSA Director for Services or his/her designee within one hour after receiving the case materials from the Social Worker Assigned to Screening.

   1.1 Inform the Assistant CSA Director for Social Services or his/her designee that the report (or court decision) has been received, and that the case is ready for immediate transfer back to that worker.
   1.2 Review with the Assistant CSA Director for Social Services or his/her designee the information available from the report.
   1.3 Forward by inter-office mail any case material available, along with a SOC-7.

Supervisor of the Social Worker Assigned to the Case:

2. Inform the social worker assigned to the case that case responsibility is being returned.

   2.1 Review with the social worker the case materials.

Social Worker Assigned to the Case:

3. Make home visit to the family within 0-4 days.

   3.1 Continue services to the family.

4. Return SOC-7 noting the reassumption of case responsibility.

2. Cases Transferred at Stage II

MAJOR TASK I: TRANSFER CASE FOR ONGOING PROTECTIVE SERVICES.

Supervisor for the Assessment Function:

1. Determine if case is ready for transfer for ongoing protective services.

    1.1 Insure that assessment objectives have been met.

    Criteria 1.1

    Assessment objectives have been met if
    a. a determination has been made that a child (or children) has been abused or neglected; and
    b. immediate serious risk to the health or safety of a child (children) has been removed
    c. the family has been stabilized.

2. Contact the appropriate Assistant CSA Director for Social Services or his/her designee by telephone a minimum of one week before the case will be transferred.

    2.1 Provide the Assistant CSA Director for Social Services or his/her designee with sufficient information to enable him/her to appropriately assign the case.
    2.2 Determine a date for case transfer conference no longer than 1 week from the time the case is ready for transfer (i.e., two weeks from telephone contact).

3. Transmit case record along with a SOC-7 to the Assistant CSA Director for Social Services.

Supervisor for Ongoing Protective Services:

4. Assign case to a social worker assigned for ongoing protective services prior to the date set for the case transfer conference.

Supervisor for the Assessment Function:

5. Insure that the case record is complete.

    Criteria for a Complete Case Record for Stage II Transfer

A case record will be considered complete when it contains the following materials, organized according to Case Review Procedures, Part One, Section II:

a. a case folder correctly numbered
b. a Social Service Plan (SOC-5) for services initiated during assessment.
c. an Authorization for Services (POS-8) for services initiated during assessment.
d. a Reporting Form (CW-3C)
e. a Report and Screening Worksheet (CW-3B)
f. an Initial Intake Study on Blue Sheets. This shall contain a record of contacts with the family, a short assessment of the family sufficient to determine parental history of abuse and neglect, and a diagnostic statement concerning the immediate cause(s) of the abuse or neglect. It should also contain a brief, suggested service plan.
g. a Child Assessment Summary Sheet (SOC-101)
h. if child has been placed during assessment, the record must also contain all forms specified in the Case Review Procedures Manual Part One, Section II, C-2 except that only requests for verifications are necessary.

Social Worker Assigned to Assessment

6. Maintain case responsibility until case transfer conference.

6.1 Inform the family of the social worker transfer
6.2 Complete appropriate sections of Child Assessment Summary Sheet (SOC-101) (See CIS User's Manual)

Social Worker Assigned to Ongoing Protective Services and Social Worker Assigned to Assessment:

7. Participate in a case transfer conference.

7.1 Within the week that the case is to be transferred, meet to discuss the case.
7.2 Arrange a joint visit to the family if this is possible and appropriate.

Social Worker Assigned to Assessment:

8. Finish work on case recording.

8.1 Notify family of results of investigation via a Notification Letter (CW-6A,1)
8.2 Notify appropriate collateral agencies (providers of purchased services, court, hospital) of where case is being transferred.

Social Worker Assigned to Ongoing Protective Services:

9. Assume responsibility for the case.

9.1 Follow Ongoing Protective Services procedures.

3. Cases Transferred at Stage III

MAJOR TASK I: TRANSFER CASE FOR ONGOING PROTECTIVE SERVICES.

Supervisor for the Assessment Function:

1. Determine if a case requires continuing assessment by a regional social worker through Stage III, or an extension beyond 45 days.

Criteria for Stage III Assessment or Extension Beyond 45 Days

Cases should remain in assessment through Stage III or for an extension beyond 45 days only if they meet one of the following criteria:

a. the case is such that it requires an extended period of time to determine if the child (or children) has been abused or neglected by his/her caretaker, or to stabilize the family; or
b. the social worker assigned to assessment has filed a care and protection.petition, and is awaiting the first full court hearing.

2. If an extension beyond 45 days is requested, obtain approval from Direct Service Supervisor.

3. Follow transfer procedures as for a transfer at Stage II (p.I-76&77) except that a case record transferred at Stage III shall contain a full intake study and diagnosis for the family, and a detailed recommended treatment plan.

Supervisor for Ongoing Protective Services, Social Worker Assigned to Assessment, and Social Worker Assigned to Ongoing Protective Services:

4. Follow procedures for Transfer as in Step II, except as otherwise instructed by the court.

Social Worker Assigned to Assessment and Social Worker Assigned to Ongoing Protective Services:

5. For cases on which a Care and Protection petition has been filed, attend first full court hearing after the Court Investigator's report is available.

FUNCTION: ONGOING PROTECTIVE SERVICES

Ongoing Protective Services are provided by a specifically identified social worker in a Community Service Area Office. The function involves from six to twelve months of intensive intervention with the family. Its objective is to

1. Work with the family to meet goals that substantially reduce the probability of future harm to the child, so that constant supervision is no longer necessary.

MAJOR TASK I: RECEIVE CASES TRANSFERRED FROM THE REGIONAL PROTECTIVE SERVICES OFFICE.

CSA Supervisor:

1. Follow appropriate Transfer procedures.(p.I-74—78).

    1.1 Log transfer and assignment on Protective Services log.

Social Worker Assigned:

2. Follow appropriate Transfer procedures.(p.I-74—78).

MAJOR TASK II: BEGIN TO SOLIDIFY THE SERVICES PLAN WITH THE FAMILY (Social Services Policy, Sections 258.40- 258.48).

Social Worker Assigned to Ongoing Protective Services:

1. Review initial case plan developed by the regional social worker assigned to assessment.

    1.1 Evaluate with the family those services already initiated.
    1.2 Reauthorize appropriate services as necessary.

2. Develop with the family a service plan for the family and for the child.

    2.1 Review what assistance the family feels they need.
    2.2 Develop a set of mutually identified goals achievable within 6-12 months that focus on altering the situation documented in the assessment as being harmful to the child. (It should be noted that there are situations where appropriate service goals can be achieved in less than 6 months.)
    2.3 Identify barriers to the achievement of these goals and determine what kinds of services are needed to overcome these barriers.

2.4 Contract with the families of children in placement, identifying those goals which must be met so that the child may be returned home.
2.5 Follow IRF Procedures for referral to private and public agencies.
2.6 Explore all reasonable alternatives to placement as specified under Placement Criteria, p.I-69.
2.7 Follow Generalist Child Welfare Procedures for placement (page I-18-19, steps 10-12).

2.8 Note on Service Plan (SOC-5) services planned, not simply those provided.
2.9 Review service plan with supervisor.
2.10 Provide the family with a copy of the Services Plan (SOC-5), and placement contract.

MAJOR TASK III: PROVIDE ONGOING PROTECTIVE SERVICES TO THE FAMILY TO MEET THE GOALS IDENTIFIED IN THE TREATMENT PLAN.

Social Worker Assigned to Ongoing Protective Services:

1. Provide casework services to family on regular basis.

    1.1 Provide casework services to intact families at least every other week.
    1.2 Provide casework services to families at least monthly where one family member, significant to the report, is receiving intensive treatment from another agency.
    1.3 Provide casework services every other week to the natural family of a child who is in placement.
    1.4 Provide casework services to a child in placement and his/her foster family at least every three weeks.
    1.5 Encourage parental visits to a child in placement unless there are prohititions of such visits for casework reasons.
        1.5.1 Document prohibitions of parental visits in the case record, and send written notice to these persons including the reason for such prohibition and its expected duration.
        1.5.2 If the parents or other persons responsible for the care of the child fail to visit the child at least once a month, and there are no apparent barriers to said visits, send written notice to parents (parental substitutes) informing them of the opportunity to visit the child.

2. Work with family directly to resolve the barriers noted in the service plan.

    2.1 Provide services so as to substantially reduce, within 6-12 months, the probability of further harm.

2.2 Follow Case Review procedures, with the exception of the contact schedule.
2.3 Reassess the service plan with supervisor at least monthly, or whenever the circumstances of the family change. (Note: This does not require completion of case review materials unless reassessment is due for case review.)
2.4 Note the reassessment on a Service Plan Reassessment (SOC-5A).
2.5 Provide the family with a copy of the SOC-5A.

3. Coordinate community resources to meet the needs of the family.

3.1 Contact providers of non-Department services at least monthly to determine what progress has been made toward the service goals.

MAJOR TASK IV: WORK TOWARD TERMINATION OF THE CASE AS A PROTECTIVE SERVICES CASE.

Social Worker Assigned to Ongoing Protective Services:

1. Begin to consider termination within six months of receiving a case.

1.1 Determine if an intact family is progressing toward service goals.
1.2 Determine if the case can be terminated within 9 months after ongoing services have begun.

Criteria for Determining if Case Can Be Terminated

A case can be terminated as a protective services case when
1. the goals of the service plan have been achieved and adequate safeguards are in effect;
2. the conditions harmful to the health and safety of the child have been alleviated; and
3. the family can determine its own social services needs.

1.3 Begin permanent planning for children in placement after 6 months if it is unlikely that the child could be safely returned home within a year. (Includes adoption or permanent foster care.)
1.4 Consider termination of a case within three months of returning a child from placement.
1.5 Request from Supervisor within 9 months of ongoing protective services, an extension of this period beyond one year if the family is showing movement, but is unlikely to reach the criteria for termination in 12 months.

Supervisor for Ongoing Protective Services

1.6 Obtain approval from Assistant CSA Director for Social Services for extensions.

2. Begin termination planning at least 6-8 weeks before termination of case.

   2.1 Discuss termination of the case with Supervisor.
   2.2 Inform family that they have progressed to a point at which protective services are no longer needed.
   2.3 Inform intact families that they may be eligible for continued voluntary services from a Generalist Social Worker.
   2.4 Explain to all families who will receive continued services from a Generalist Social Worker or other Department social services worker what they may expect to happen.
   2.5 Provide assistance to families in locating and securing supportive services within their own communities.

3. Terminate cases as protective services cases within one year of receiving cases, unless an extension is granted.

   3.1 Record a termination summary on the Family Record Sheet (Blue Sheet).
   3.2 Bring the case record up-to-date.
   3.3 Close cases not being referred to Generalist for continuing case responsibility and record closing according to Case Review Procedures and CIS User's Manual.

MAJOR TASK V: TRANSFER CASE RESPONSIBILITY FROM SOCIAL WORKER ASSIGNED TO ONGOING PROTECTIVE SERVICES TO GENERALIST SOCIAL WORKER, WHEN NECESSARY

Supervisor for Ongoing Protective Services:

1. Notify Assistant CSA Director for Social Services or his/her designee at least 1 week prior to transfer date that case should be transferred to a generalist social worker.

   1.1 Provide Assistant CSA Director with sufficient information so that a generalist worker can be assigned to the case.
   1.2 Determine a date for a case transfer conference no longer than 1 week from time case is ready for transfer.

2. Insure that case record is complete.

   2.1 Insure that case record follows case review case organization.
   2.2 Insure that all authorizations for service are current
   2.3 Insure that SOC-5 contains long-range service plan.

Social Worker Assigned to Ongoing Protective Services and Generalist Social Worker:

3. Participate in case transfer conference.

    3.1 Within the week that the case is to be transferred, meet to discuss the case.
    3.2 Exchange the case record.
    3.3 Arrange a joint visit to the family if this is possible and appropriate.

SOCIAL SERVICES PROCEDURES MANUAL

INDEX OF FORMS AND INSTRUCTIONS

CHILD WELFARE FORMS

Name of Form/Instructions	Form Number	Effective/ Rev. date
Family Card	CW-1	-
Master Index Child's Card	CW-2	-
Report & Screening Worksheet - Protective Services	CW-3B	Eff. 3/78
Report of Alleged Abuse or Neglect (51A Report)	CW-3C	Eff. 1/75
Certification of Birth	CW-4	-
Child Placement, Chapter 119, Section 9 & 23, Subsection E	CW-6	Rev. 12/58
Letters to Parents Regarding Abuse or Neglect of Child		
Reasonable Cause Notice	CW-6A-1	Eff. 1/75
No Reasonable Cause Notice	CW-6A-2	Eff. 1/75
Voluntary Agreement - 23sA	CW-7	Rev. 2/58
MCI - Framingham - Child Placement 23A	CW-7a	Rev. 5/69
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